EMERGENCY TREATMENT OF HYPERKALAEMIA

• Assess using ABCDE approach
• 12-lead ECG and monitor cardiac rhythm if serum potassium (K+) ≥ 6.5 mmol/L
• Exclude pseudohyperkalaemia
• Give empirical treatment for arrhythmia if hyperkalaemia suspected

Mild
K+ 5.5 - 5.9 mmol/L
Consider cause and need for treatment

Moderate
K+ 6.0 - 6.4 mmol/L
Treatment guided by clinical condition, ECG and rate of rise

Severe
K+ ≥ 6.5 mmol/L
Emergency treatment indicated

ECG Changes?
Peaked T waves
Flat/absent P waves

Broad QRS
Sine wave

Bradycardia
VT

NO

IV Calcium
10ml 10% Calcium Chloride IV OR
30ml 10% Calcium Gluconate IV
• Use large IV access and give over 5 min
• Repeat ECG
• Consider further dose after 5 min if ECG changes persist

YES

Insulin-Glucose IV Infusion
Glucose 25g with 10 units soluble insulin over 15 - 30 min IV
(25g = 50ml 50% glucose; 125ml 20% glucose, 250ml 10% glucose)
If pre-treatment BG < 7.0 mmol/L:
Start 10% glucose infusion at 50ml/hour for 5 hours (25g)

Consider
Risk of hypoglycaemia

Salbutamol 10 - 20 mg nebulised

Life-threatening hyperkalaemia

*Sodium zirconium cyclosilicate
10g X3/day oral for 72 HRS OR
*Patiromer
8.4G /day oral OR
*Calcium resonium
15g X3/day oral

*Follow local practice

Monitor serum K+ and blood glucose

Consider cause of hyperkalaemia and prevent recurrence

Emergency treatment of hyperkalaemia. ECG - electrocardiogram; VT ventricular tachycardia. BG Blood Glucose