Hyperkalaemia

- Assess using ABCDE approach
- 12-lead ECG and monitor cardiac rhythm if serum potassium (K⁺) ≥ 6.5 mmol L⁻¹
- Exclude pseudohyperkalaemia
- Give empirical treatment for arrhythmia if hyperkalaemia suspected

**MILD**
K⁺ 5.5 - 5.9 mmol L⁻¹
Consider cause and need for treatment

**MODERATE**
K⁺ 6.0 - 6.4 mmol L⁻¹
Treatment guided by clinical scenario, ECG and rate of rise

**SEVERE**
K⁺ ≥ 6.5 mmol L⁻¹
Emergency treatment indicated

**ECG changes?**
- Peaked T waves
- Broad QRS
- Bradycardia
- Flat / absent P waves
- Sine wave
- VT

**NO**

**YES**

**IV calcium**
10 mL 10% calcium chloride IV OR 30 mL 10% calcium gluconate IV
- Use large IV access and give over 5-10 min
- Repeat ECG
- Consider further dose after 5 min if ECG changes persist

**Insulin–glucose IV infusion**
Glucose (25 g) with 10 units soluble insulin over 15 min IV
25 g glucose = 50 mL 50% glucose OR 125 mL 20% glucose

Seek expert help

**Salbutamol 10–20 mg nebulised**

Risk of hypoglycaemia

**Consider calcium resonium**
15 g x 4/day oral or 30 g x 2/day per rectum

Seek expert help

**Consider dialysis**

**Monitor serum potassium and blood glucose**

- K⁺ ≥ 6.5 mmol L⁻¹ despite medical therapy

Seek expert help

Consider cause of hyperkalaemia and prevent recurrence