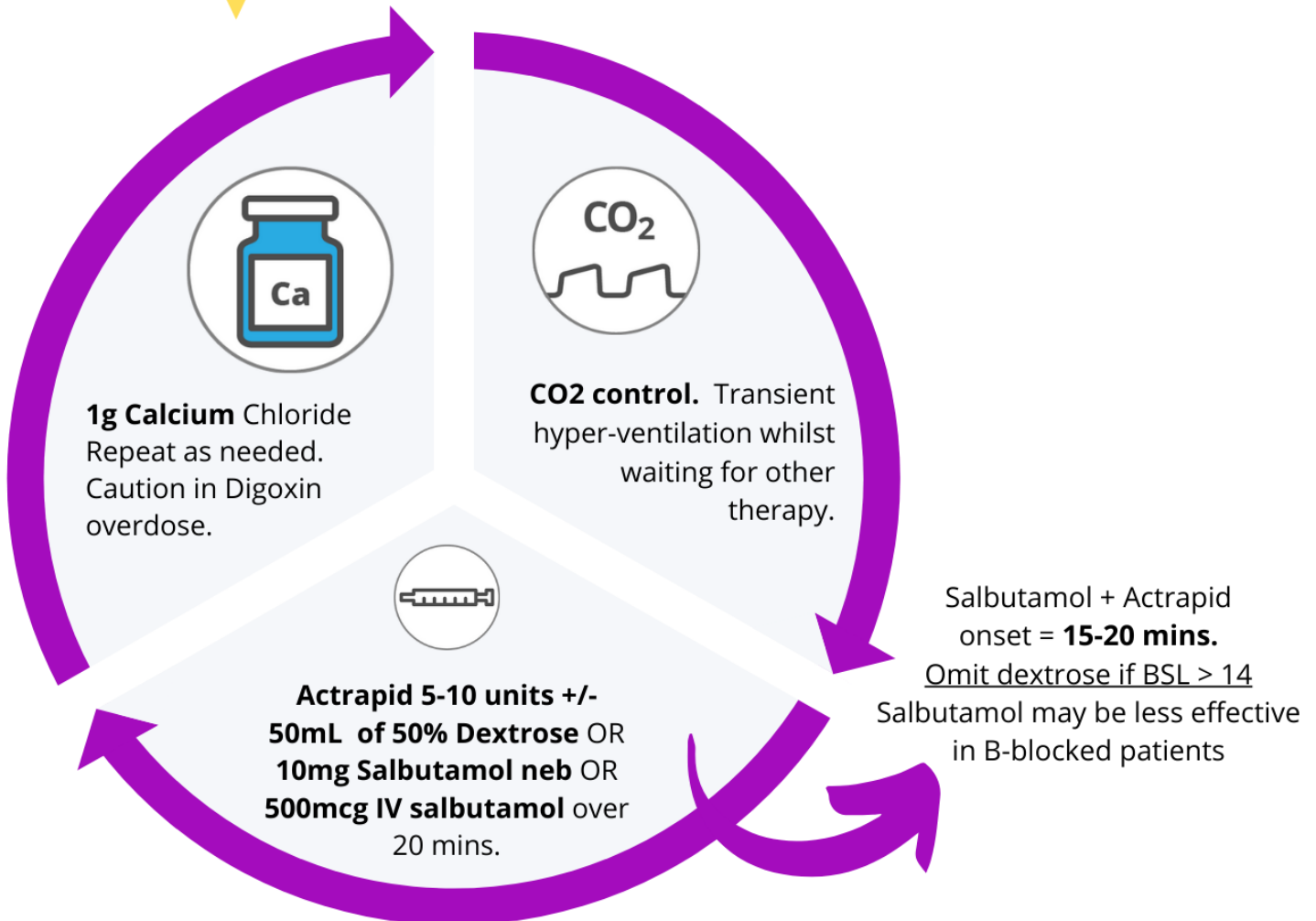


HYPERKALAEMIA



12 Lead ECG if able - (peaked T, flat P, wide QRS)
Art line - Repeat Sample while starting treatment
IDC + apply defibrillator pads/pacing leads (AP)



Fluid Management

- **Stop ongoing Potassium** infusions e.g. Hartmanns, pRBC (consider washed pRBC). Caution that excessive NaCl may worsen the acidosis.
- Optimise **renal perfusion (MAP)**
- Consider **Frusemide IV 20-40mg.**

Consider if Acidotic

- 1mmol / kg of 8.4% Bicarbonate slowly (adjust ventilator as needed)
- OR**
- Add 150mL of 8.4% Bicarbonate in 1L of 5% Dextrose. Infuse over 2 hours or bolus aliquots as needed.

Contact ICU. Consider Vascath/Dialysis in OT.