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)





1g Calcium Chloride Repeat as needed. Caution in Digoxin overdose.



CO2 control. Transient hyper-ventilation whilst waiting for other therapy.



Actrapid 5-10 units +/50mL of 50% Dextrose OR
10mg Salbutamol neb OR
500mcg IV salbutamol over
20 mins.

Salbutamol + Actrapid onset = **15-20 mins.** Omit dextrose if BSL > 14 Salbutamol may be less effective in B-blocked patients

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.

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