My Patient is Hyperkalemic... Now What Do I Do?

1) **What Is a Normal Serum Potassium?**
   The normal range for serum potassium is 3.5 to 5.0 mEq/L. The higher the value above 5.0, the greater the risk of complications. Patients with chronic kidney disease can typically tolerate greater increases in serum potassium above normal than patients without chronic kidney disease. Most patients do not experience problems until the potassium rises above 6.0 mEq/L.

2) **Follow the steps below:**

   - Rule out spurious hyperkalemia (most commonly due to hemolyzed sample)
   - Is the patient anuric or on dialysis (acute or chronic)
     - Yes
       - Are there ECG changes?
         - Yes: Call nephrology
         - No: Calcium chloride (1 gm IV) Insulin (10 U IV) One ampule O₂ Abuterol MDI or nebulizer
       - No: Are there ECG changes?
         - Yes: Furosemide if not in shock
         - No: Calcium chloride (1 gm IV) Insulin (10 U IV) One ampule O₂ Abuterol MDI or nebulizer

   - Call for Help! If dialysis access not present
   - Start urgent dialysis
   - * See below

3) **What are the concerning changes on electrocardiography?**

   - Peaked T-Waves
   - QRS Widening

   If the problem is not addressed, the patient can progress to a sinusoidal pattern followed by ventricular tachycardia or fibrillation

4) **Identify and address contributing causes hyperkalemia**
   As you manage the problem, consider and address factors that may be leading to the rise in potassium:
   - Acute kidney injury
   - Cellular shifts due to metabolic acidosis
   - Muscle breakdown in rhabdomyolysis
   - Ischemic tissue injury
   - Tumor lysis syndrome

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Critical Care Skills for Non-Critical Care Providers
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