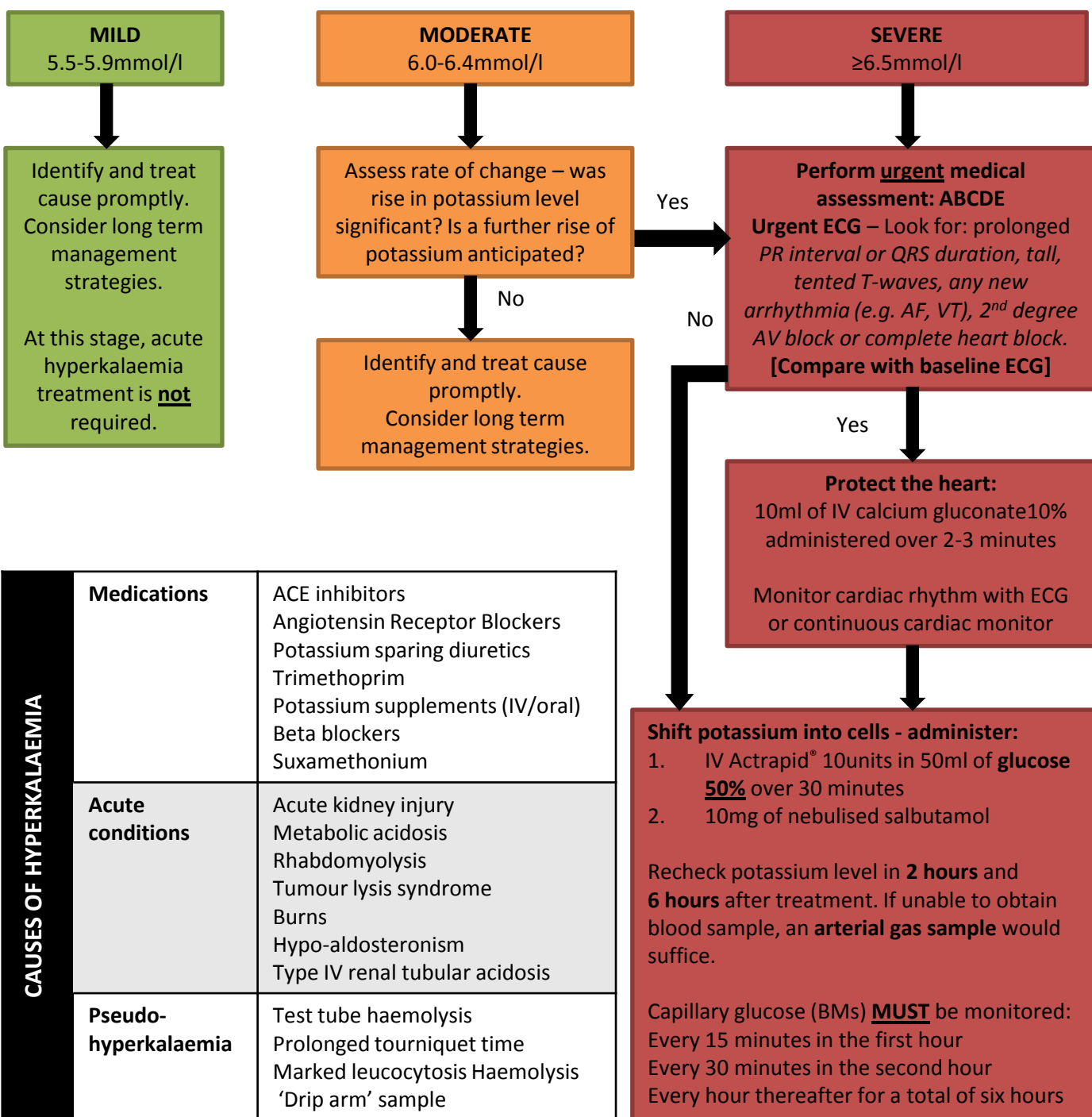


Management of Hyperkalaemia in Adults



IMPORTANT POINTS TO CONSIDER

- Contact the Renal team for advice if hyperkalaemia persists after initial treatment. Discuss with a senior member of your clinical team **first**
- Calcium gluconate 10% should be administered by medical staff or Advanced Nurse Practitioners. Duration of action is anticipated to be 30 to 60 minutes – repeat if required. Please check patency of IV access prior to administration
- Peak effect of insulin glucose is usually seen within 30 to 60 minutes after the infusion. This effect may last for several hours with a **rebound in potassium** anticipated
- The effect of nebulised salbutamol can happen within 30 minutes of administration and may last for 2 hours
- Dialysis patients should be treated as above but the on-call Renal Registrar or Consultant **must** be contacted as urgent dialysis may be required
- Administration of sodium bicarbonate 1.26% infusion may cause sodium and fluid overload therefore is not a routine treatment strategy unless metabolic acidosis is a concern

LONG TERM MANAGEMENT STRATEGIES

- Maintain treatment of underlying cause(s) of hyperkalaemia as clinically indicated
- All medications which can cause hyperkalaemia should be withheld or stopped
- Cation-exchange resins (eg: Oral calcium resonium 15g three times daily) may be considered in some slow resolving cases and should always be prescribed with lactulose
- Consult the Dietetics team for low potassium dietary advice

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(Developed by the Renal Unit in partnership with the Emergency Department, Critical Care, Cardiology and Endocrinology)

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