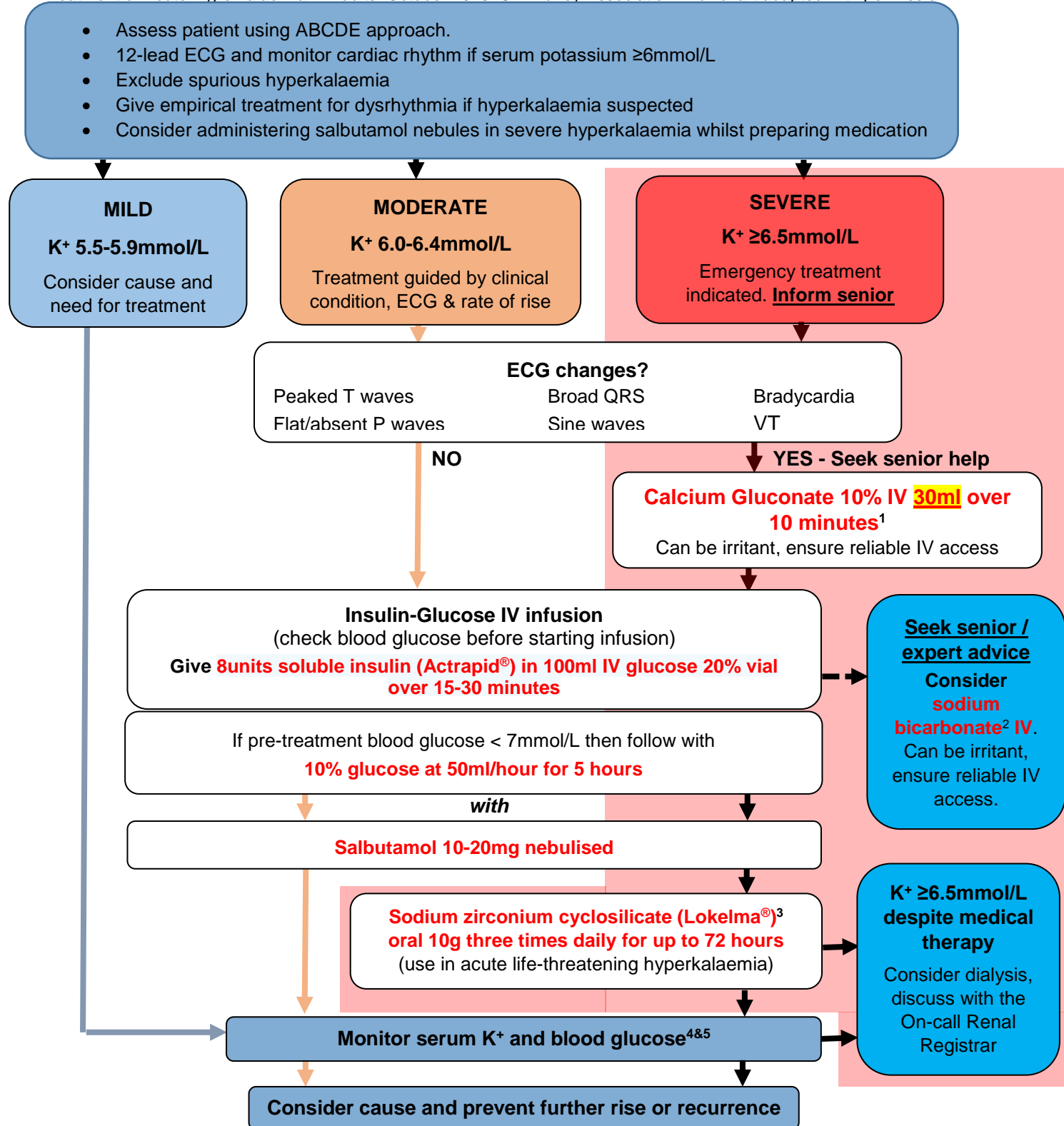


Acute In-patient Management of Hyperkalaemia

Treatment of Acute Hyperkalaemia in Adults. October 2023. UK Kidney Association. Flowchart adapted with permission.



Notes

If the patient is oliguric, contact the On-call Renal Registrar for advice.

¹In some clinical areas only calcium chloride may be stocked and used (check before prescribing). This is the preferred calcium salt for cardiac arrest or peri-arrest. The equivalent dose (6.8mmol of calcium) is: **calcium chloride 10% IV 10ml over 5 minutes**. This can be irritant, ensure reliable IV access.

²Sodium bicarbonate IV may be required if the patient is acidotic (blood gas bicarbonate $< 17\text{mmol/L}$, H^+ $> 60\text{nmol/L}$), seek urgent senior advice.

³Sodium zirconium cyclosilicate (Lokelma®) is restricted for the treatment of acute, life-threatening hyperkalaemia.

⁴Serum K^+ : in mild hyperkalaemia check level after 24 hours and adjust monitoring frequency based on the result. In moderate or severe hyperkalaemia, check at 1 hour, 4 hours, 6 hours and 24 hours following treatment.

⁵Capillary blood glucose: check before insulin-glucose infusion and after infusion at 30 mins, 60 mins, 90 mins, 2 hours, 3 hours, 4 hours, 5 hours, 6 hours, 8 hours and 12 hours.