EUROPEAN RESUSCITATION COUNCIL

Hyperkalaemia

- Assess using ABCDE approach
- 12-lead ECG and monitor cardiac rhythm if serum potassium (K^+) ≥ 6.5 mmol L^{-1}
- Exclude pseudohyperkalaemia
- Give empirical treatment for arrhythmia if hyperkalaemia suspected

MILD
K^+ 5.5 - 5.9 mmol L^{-1}
Consider cause and need for treatment

MODERATE
K^+ 6.0 - 6.4 mmol L^{-1}
Treatment guided by clinical scenario, ECG and rate of rise

SEVERE
K^+ ≥ 6.5 mmol L^{-1}
Emergency treatment indicated

Seek expert help

ECG changes?
- Peaked T waves
- Flat / absent P waves
- Broad QRS
- Sine wave
- Bradycardia
- VT

NO

YES

Protect the heart

IV calcium
10 mL 10 % calcium chloride IV
OR 30 mL 10 % calcium gluconate IV
- Use large IV access and give over 5-10 min
- Repeat ECG
- Consider further dose after 5 min if ECG changes persist

Shift K^+ into cells

Insulin–glucose IV infusion
Glucose (25 g) with 10 units soluble insulin over 15 min IV
25 g glucose = 50 mL 50 % glucose OR 125 mL 20 % glucose

Risk of hypoglycaemia

Salbutamol 10-20 mg nebulised

Remove K^+ from body

Consider calcium resonium
15 g x 4/day oral or
30 g x 2/day per rectum

Consider dialysis
Seek expert help

Monitor K^+ and blood glucose

Monitor serum potassium and blood glucose

K^+ ≥ 6.5 mmol L^{-1} despite medical therapy

Prevention

Consider cause of hyperkalaemia and prevent recurrence

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