

# Hyperkalemia Management

Potassium >5.0

Ensure correct lab value  
(look for presence of hemolysis)

Assess for & treat reversible causes\* & obtain EKG for moderate/severe

Mild  
Potassium 5.0-5.5

Moderate  
Potassium 5.6-6.0 w/o  
EKG changes

Severe  
EKG changes or  
potassium >6.0

1. avoid insulin/D50/calcium
2. address the cause
3. repeat potassium level in 4 hours
4. No additional treatment required

Acute:  
Administer regular insulin 10 units IV x1 & D50W 50 ml IV x1 (temporary measure). Proceed to treatment box below.

Chronic:  
Consider regular insulin 10 units IV x1 & D50W 50 ml IV x1 if no reversible cause and not appropriate for other interventions. Proceed to treatment box below.

Insulin 10 units IV x1, D50W 50 ml IV x1, AND Calcium Gluconate 2g IV x1 stat

## Reversible causes of hyperkalemia:

1. Nutrition
2. Medications (ACEI, supplements, K-sparing diuretics)
3. AKI/dehydration
4. Metabolic acidosis
5. Rhabdomyolysis
6. Ischemia
7. Diabetes (DKA/HHS)

1. if able to take po: initiate sodium zirconium 10 mg TID up to 2 days then 10 md daily until potassium <5
2. Lasix 20-40 mg IV x1 dose unless hypovolemic (may give higher dose if non-oliguric & CrCl <50)
3. Recheck potassium in 4 hours
4. Notify renal if already consulted
5. Consider renal consult if potassium is not improving with treatment or worsening renal function

1. Immediately address reversible causes
2. If no quickly reversible cause or failure to respond to treatment, emergent renal consult and place vas cath
3. BMP q4h until improved