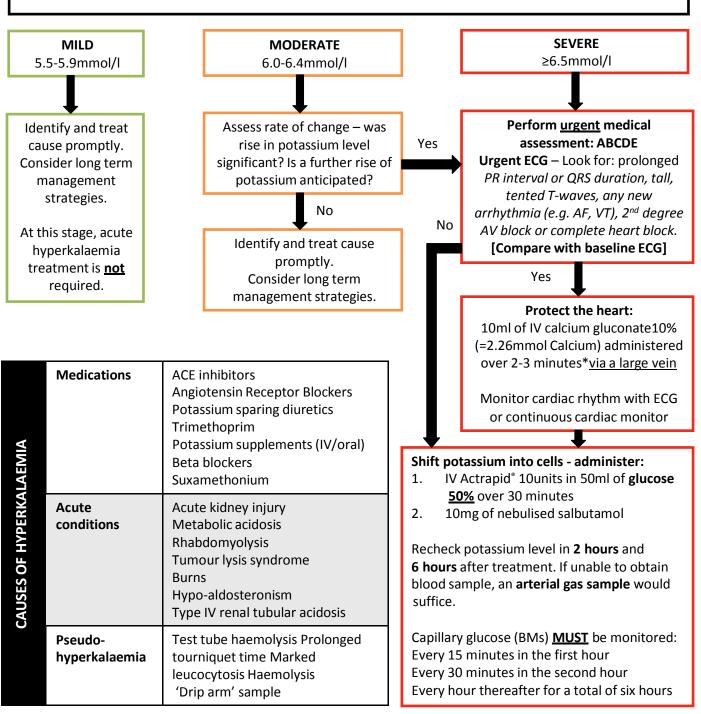
## Hyperkalaemia Guidelines in Adults



## IMPORTANT POINTS TO CONSIDER

- \*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. <u>A large vein should be used</u>, please check
  patency of IV access prior to administration, tissue necrosis can occur with extravasation.
- Discuss with a senior member of your clinical team for advice if hyperkalaemia persists after initial treatment. <u>If required</u> Contact the Renal team at RIE.
- Peak effect of insulin glucose is usually seen within 30 to 60 minutes after the infusion. This effect may last for up to two hours with a gradual **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 <u>must</u> 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.

