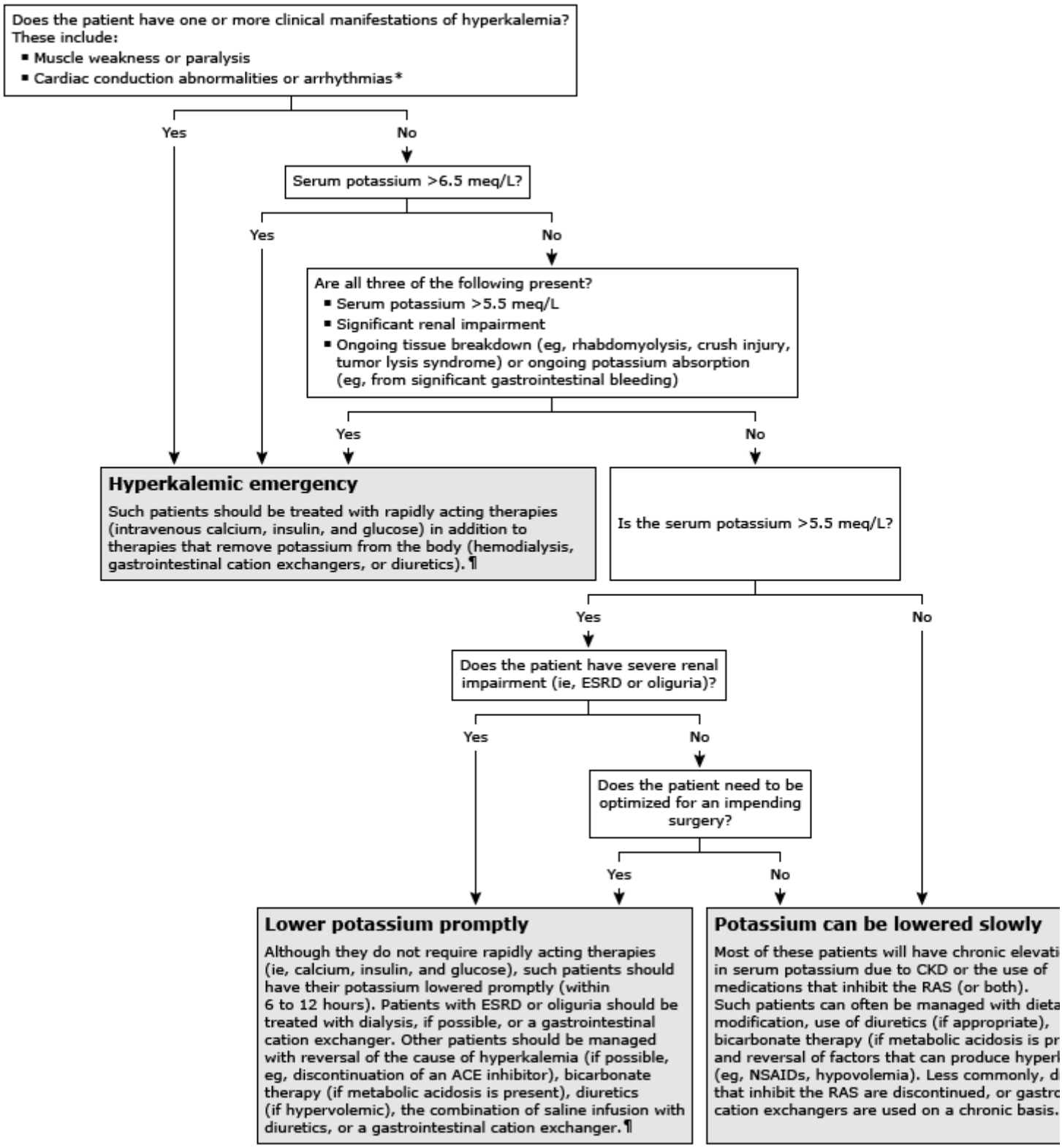
Does the patient have one or more clinical manifestations of hyperkalemia? These include:
▪ Muscle weakness or paralysis
▪ Cardiac conduction abnormalities or arrhythmias*
Yes
No
Serum potassium >6.5 meq/L?
Yes
No
Are all three of the following present?
▪ Serum potassium >5.5 meq/L
▪ Significant renal impairment
▪ Ongoing tissue breakdown (eg, rhabdomyolysis, crush injury, tumor lysis syndrome) or ongoing potassium absorption (eg, from significant gastrointestinal bleeding)
Yes
No
Hyperkalemic emergency
Such patients should be treated with rapidly acting therapies (intravenous calcium, insulin, and glucose) in addition to therapies that remove potassium from the body (hemodialysis, gastrointestinal cation exchangers, or diuretics).¶
Is the serum potassium >5.5 meq/L?
Yes
No
Does the patient have severe renal impairment (ie, ESRD or oliguria)?
Yes
No
Does the patient need to be optimized for an impending surgery?
Yes
No
Lower potassium promptly
Although they do not require rapidly acting therapies (ie, calcium, insulin, and glucose), such patients should have their potassium lowered promptly (within 6 to 12 hours). Patients with ESRD or oliguria should be treated with dialysis, if possible, or a gastrointestinal cation exchanger. Other patients should be managed with reversal of the cause of hyperkalemia (if possible, eg, discontinuation of an ACE inhibitor), bicarbonate therapy (if metabolic acidosis is present), diuretics (if hypervolemic), the combination of saline infusion with diuretics, or a gastrointestinal cation exchanger.¶
Potassium can be lowered slowly
Most of these patients will have chronic elevati
in serum potassium due to CKD or the use of
medications that inhibit the RAS (or both).
Such patients can often be managed with dieta
modification, use of diuretics (if appropriate),
bicarbonate therapy (if metabolic acidosis is pr
and reversal of factors that can produce hyperl
(eg, NSAIDs, hypovolemia). Less commonly, d
that inhibit the RAS are discontinued, or gastro
cation exchangers are used on a chronic basis.