Adult Medical Hyperkalemia

Designation of Condition: Any patient with a pulse for whom a diagnosis of hyperkalemia (serum K+>5.2) has been confirmed by sending facility (e.g., urgent care, clinic, SNF, etc.), or for whom hyperkalemia is highly suspected based upon history of known renal failure and, most commonly, missed dialysis. Consider hyperkalemia in traumatic events including crush injury/compartment syndrome/rhabdomyolysis.

B	ABC's Vital signs including BGL Oxygen titrated to a saturation of ≥90% Capnography Apply 12-lead EKG
I	Obtain IV/IO access
P	Apply cardiac monitor and obtain 12-lead EKG

ECG evidence of of hyperkalemia

YES

P	**Mild**: Peaked T waves, increases in PR interval and decrease in P wave amplitude Give: Albuterol 15 mg nebulized **Moderate–Severe**: Peaked T waves with widening of QRS > 120ms, loss of p wave or possible "sine wave" pattern and/or bradycardia: In addition to above interventions: administer Calcium Chloride 1gm or Calcium Gluconate 3gm IV/IO and consider: Sodium Bicarbonate 1mEq/kg IV/IO (give Sodium Bicarb in a dedicated line)

P	Repeat EKG If no change, repeat albuterol, give additional dose of calcium, place pads in anticipation of cardiac arrest

NO

P	Continue cardiac monitoring repeat serial EKGs q 5–10 mins