

Acute Treatment of Hyperkalemia with EKG Changes
and/or Confirmed Serum K of > 7

by Priscilla Joe MD, May 2019

Check ABCs and begin CPR if indicated

- Stop all potassium containing IVFs and enteral supplementation
- Correct respiratory acidosis if possible (acidosis drives more K out of cells)
- 12 lead EKG (don't delay treatment if unstable)

AND

Administer medications in this order using weight-based code med sheet as guide:

All medications except insulin are located in the code cart

- **Calcium chloride 10% (100mg/ml) at 20mg/kg IV/IO** (give over 2-5 minutes, may repeat in 10 minutes if necessary; dilute 1:1 with sterile H₂O if not in code situation) or Calcium gluconate 100 mg/kg IV/IO ordered through pharmacy (administer over 20 minutes diluted 1:1 with sterile H₂O)
- **Sodium bicarbonate 2 meq/kg IV/IO** (dilute 8.4% strength 1:1 with sterile H₂O to make 4.2% strength and administer slowly < 10 ml/min) Note: use cautiously in patients for whom you cannot increase ventilation
- **Albuterol nebulized 0.4mg** (in 2 ml of NS)
- **Dextrose (D10W) and insulin IV/IO**
 - **Insulin** (Regular) 0.25 units/ml IV drip ordered from pharmacy
 - Continuous IV infusion: regular insulin (0.05 – 0.2 unit/kg/hr) 0.1-0.2 unit/kg/hr in combination with 0.5 gm/kg/hr of glucose; maintain serum glucose of 70-120. Note: Use 0.05 unit/kg/hr w/GA <28wks
- **Lasix 1mg/kg IV/IO**

ECG/EKG changes in hyperkalemia

