

## CMG 27 – HYPERKALAEMIA

(Revised: June 2016)



Consider hyperkalaemia in these situations:

- renal failure / dialysis
- crush syndrome, including situations of prolonged unconsciousness
- occasionally – diabetic ketoacidosis

***ECG signs are unreliable, frequently do not follow expected progressions, and do not always show good correlation with serum potassium levels.***

However arrhythmias, especially bradycardias, are common.

Monitor the ECG for signs of hyperkalaemia, which may include:

- tall, peaked T waves
- no P waves
- wide QRS
- sine wave pattern
- VT / VF / asystole

**NOTE:** treatment is determined by patient presentation, ECG changes and the clinical setting.

**If ECG changes are present:**

ICP	Nebulised salbutamol (continuously)	AP
ICP	Calcium chloride	
ICP	Sodium bicarbonate	
ICP	IV fluid (as per CMG 14) <i>(caution in patients who are fluid restricted for medical reasons)</i>	AP

**If ECG changes persist after 10 – 15 minutes post medications:**

ICP	Repeat calcium chloride and sodium bicarbonate doses once each	
-----	--	--

**In cardiac arrest thought to be *secondary to hyperkalaemia***  
(i.e. hyperkalaemia is thought to be the *cause* of the arrest):

ICP	Cardiac arrest management as per relevant CMG (including sodium bicarbonate) with the addition of:	AP
ICP	Calcium chloride	