

CMG 27 – HYPERKALAEMIA

(Revised: August 2020)



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	Salbutamol	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	