

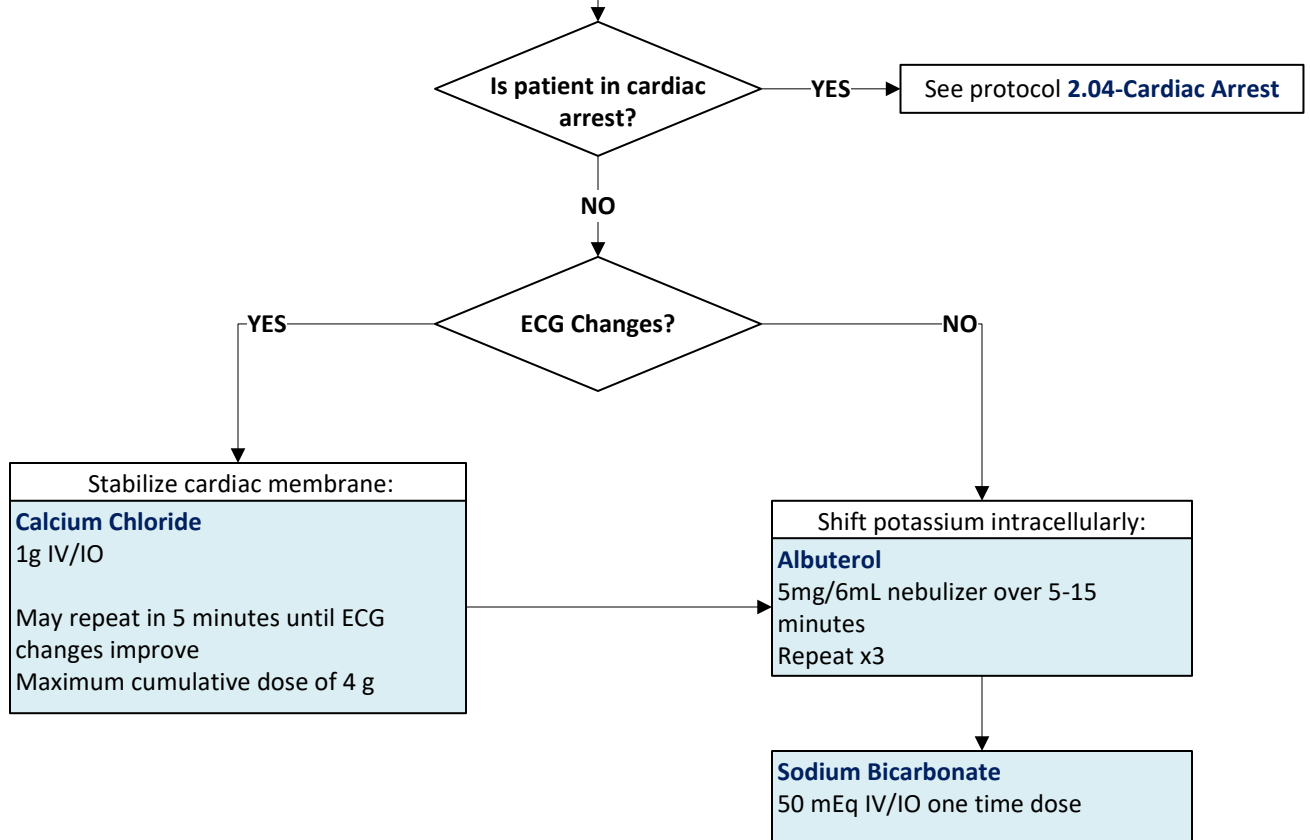
## 2.17 HYPERKALEMIA PUBLIC COMMENT JULY 2024

BLS – FAQ Link

DRAFT VERSION

If suspicion for hyperkalemia, call for ALS recourses

ALS



### Notes

Suspect hyperkalemia in patients with history of kidney disease, dialysis, or crush syndrome with any ECG findings:

- Bradycardia
- Peaked T waves
- Prolonged QRS (>0.12 sec) that may progress to sine wave in severe cases

**And/or**

- Recent potassium value >6.0mEq (with or without above ECG findings)

Anytime Sodium Bicarbonate is administered, the IV should be flushed before and after.

In cases of ECG changes in hyperkalemia, Calcium should **always** be given prior to Sodium Bicarbonate

## 2.17 Hyperkalemia

### PUBLIC COMMENT JULY 2024

<b>BLS Treatment</b>
<ul style="list-style-type: none"> <li>• <del>If suspicion for hyperkalemia, call for ALS resources</del> <span style="color: red;">Position of comfort.</span></li> <li>• <del>NPO</del></li> <li>• <del>Oxygen as indicated.</del></li> </ul>
<b>ALS Treatment</b>
<b>HYPERKALEMIA <u>WITHOUT</u> CARDIAC ARREST</b>
<p>Suspect hyperkalemia in patients with a history of kidney disease, dialysis, or crush syndrome with any of the following clinical findings <u>on ECG or cardiac monitor</u>:</p> <ul style="list-style-type: none"> <li>○ Bradycardia</li> <li>○ Peaked T waves</li> <li>○ Prolonged QRS (&gt; 0.12 sec), that may progress to sine wave in severe cases <u>(see example below)</u></li> </ul> <p><b>And/or</b></p> <ul style="list-style-type: none"> <li>○ Recent potassium value &gt; 6.0 mEq (with or without the presence of above <u>ECG</u> findings)</li> </ul> <p>The following approach should be taken <u>with for</u> a patient <u>with in</u> suspected hyperkalemia <u>with</u> ECG changes:</p> <ol style="list-style-type: none"> <li><del>1. Evaluation of ECG changes</del></li> <li><del>2. 1. If ECG/If rhythm ECG strip shows has any of the above changes, s</del> Stabilize cardiac membrane with IV/IO Calcium Chloride: <u>1g IV/IO. May repeat in 5 minutes until ECG changes improve, up to a cumulative amount of 4g</u></li> <li><del>3. 2. Lastly, g</del> Give medication to shift potassium intracellularly:             <ul style="list-style-type: none"> <li>• <u>Albuterol: 5mg/6ml NS via nebulizer over 5 to 15 minutes, repeated 3 times.</u></li> <li>• <u>IV/IO Sodium Bicarbonate: 50mEq IV/IO one time dose</u></li> </ul> </li> </ol> <p><u>The following approach should be taken for a patient in suspected hyperkalemia without ECG changes</u></p> <ol style="list-style-type: none"> <li><u>1. Give medication to shift potassium intracellularly:</u> <ul style="list-style-type: none"> <li>○ <u>Albuterol</u></li> <li>• <u>Sodium Bicarbonate: 50mEq IV/IO one time dose</u></li> </ul> </li> </ol>
<b>HYPERKALEMIA <u>WITH</u> CARDIAC ARREST</b>
<p>Refer to protocol <b>2.04 – Cardiac Arrest</b> for detailed treatment information.</p>
<b>Notes</b>

- Anytime ~~Following administration of Sodium Bicarbonate~~ **is administered**, the IV should be flushed before and after. In cases of ECG changes in hyperkalemia, Calcium should always be given prior to Sodium Bicarbonate, ~~always flush IV tubing before administering another medication to prevent precipitation.~~
- Consider placement of an additional IV/IO for **Sodium Bicarbonate only.**

