

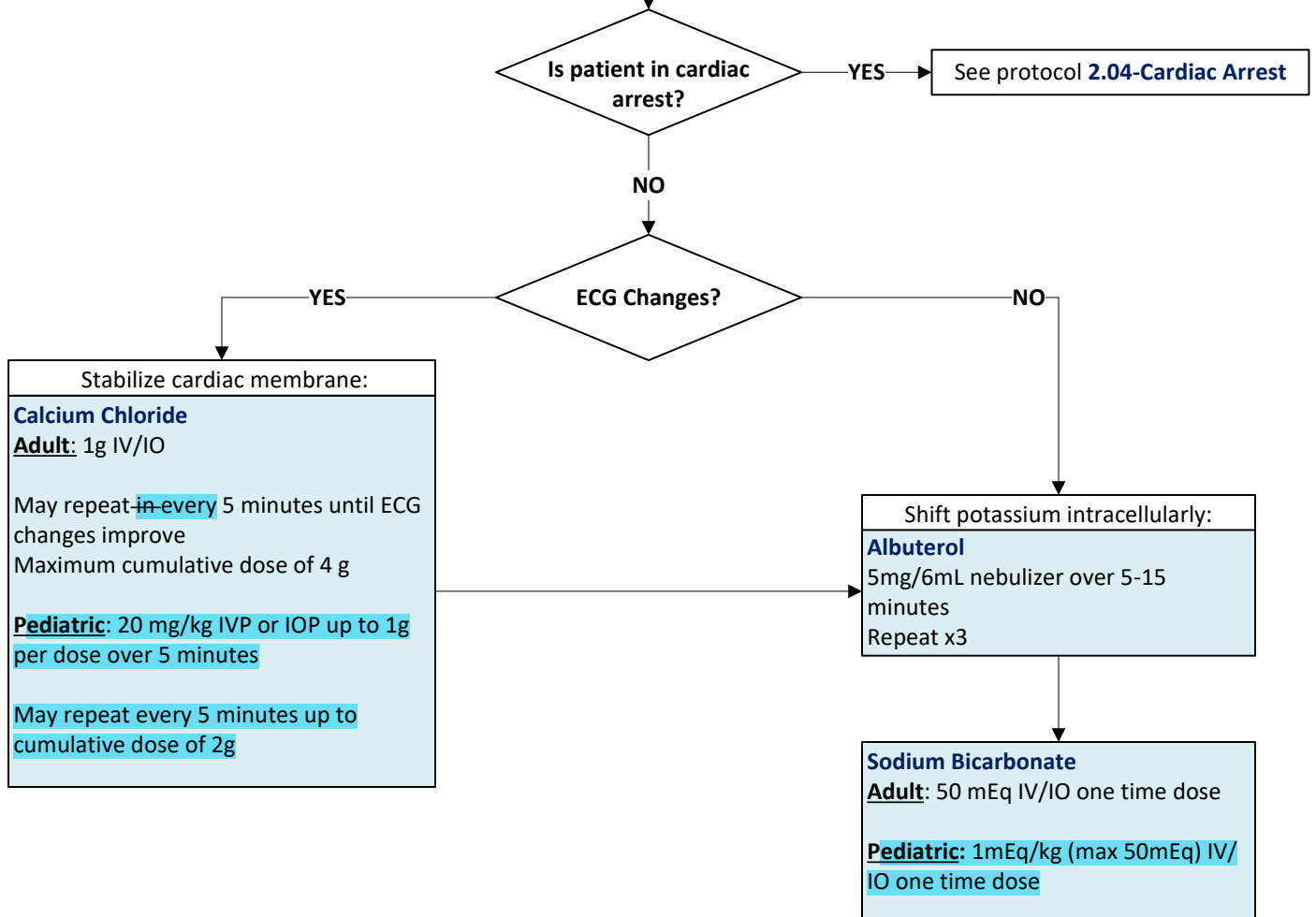
## 2.17 HYPERKALEMIA EMSAC JULY 2024

### BLS – FAQ Link

- If suspicion for hyperkalemia, call for ALS recourses
- **Primary Survey:** Identify and immediately correct life threats
  - ABCs, vital signs and oxygen as indicated
  - **Secondary Survey:** Relevant physical examination of the patient

**DRAFT VERSION**

### 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

Calcium should always be given first with any ECG changes

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Supersedes: mm/dd/yy

## 2.17 Hyperkalemia

### EMSAC JULY 2024

#### BLS Treatment

~~If suspicion for hyperkalemia, call for ALS resources~~ ~~Position of comfort.~~

- **Primary Survey:** Identify and immediately correct life threats
- ABCs, vital signs and oxygen as indicated
- **Secondary Survey:** Relevant physical examination of the patient

- ~~NPO~~
- ~~Oxygen as indicated.~~

#### ALS Treatment

##### HYPERKALEMIA WITHOUT CARDIAC ARREST

Suspect hyperkalemia in patients with a history of kidney disease, dialysis, or crush syndrome with any of the following clinical findings on ECG or cardiac monitor:

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

##### And/or

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

The following approach should be taken ~~with~~ for a patient ~~with~~ in suspected hyperkalemia with ECG changes:

##### ~~1. Evaluation of ECG changes~~

~~1. If ECG/If rhythm ECG strip shows has any of the above changes, s~~ Stabilize cardiac membrane with: IV/IO

##### • ~~Calcium Chloride:~~ Calcium Chloride

- Adult: 1g IV/IO. May repeat in every 5 minutes until ECG changes improve, up to a cumulative amount of 4g

~~2.~~ Pediatric: 20 mg/kg IVP or IO up to 1g per dose over 5 minutes. May repeat every 5 minutes up to cumulative dose of 2g

~~3. 2. Lastly, g~~ Give medication to shift potassium intracellularly:

• Albuterol: 5mg/6ml NS via nebulizer over 5 to 15 minutes, repeated 3 times.

##### • ~~IV/IO Sodium Bicarbonate:~~ Sodium Bicarbonate

- Adult: 50mEq IV/IO one time dose

○ Pediatric: 1mEq/kg (max 50mEq) IV/IO one time dose

The following approach should be taken for a patient in suspected hyperkalemia **without** ECG changes

1. Give medication to shift potassium intracellularly:

- **Albuterol** :5mg/6ml NS via nebulizer over 5 to 15 minutes, repeated 3 times.
- **Sodium Bicarbonate**
  - **Adult** 50mEq IV/IO one time dose
  - **Pediatric:** 1mEq/kg (max 50mEq) IV/IO one time dose

### HYPERKALEMIA WITH CARDIAC ARREST

Refer to protocol **2.04 – Cardiac Arrest** for detailed treatment information.

#### Notes

- Calcium should always be given first with any of the ECG findings noted above
- ~~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.

