



Hyperkalemia

Treatment

Treatment

Goal of therapy is to prevent arrhythmia

Calcium stabilizes cardiac membranes

Treatment



Calcium gluconate
Dose: 1 gram
Safe for Peripheral IV

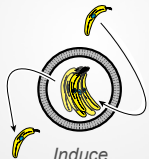


Calcium chloride
Dose: 1 gram
Central access only
3x as much Ca^{2+}

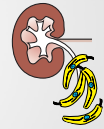
Treatment



Stop intake



Induce intracellular shift



Increased potassium loss

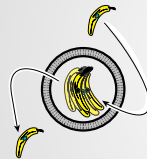
Treatment: stop all sources of potassium



Stop intake

- ➔ IV fluids
- ➔ enteral feeds
- ➔ parenteral nutrition
- ➔ dialysate
- ➔ antibiotics
- ➔ blood products

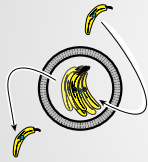
Treatment: Induce an intracellular shift



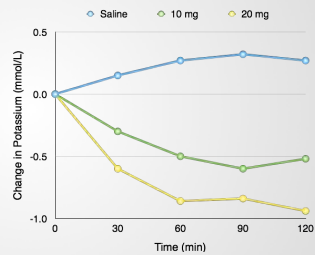
Induce intracellular shift

- ➔ Digoxin antidote for dig toxicity (DigFAB)
- ➔ Albuterol
- ➔ Insulin
- ➔ Do not use sodium bicarbonate

Treatment: Albuterol



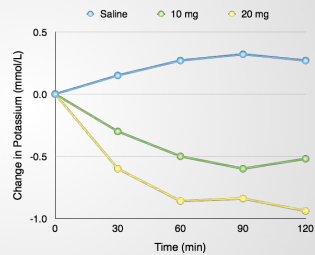
Induce intracellular shift



Allon Et al. Annals of Int Med; 1989: 110, 426-429

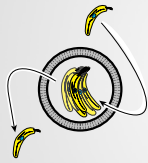
Treatment: Albuterol

20 mg works better than 10 mg
 IV administration is no better than nebulized
 additive to insulin
 may be repeated after 2 hours

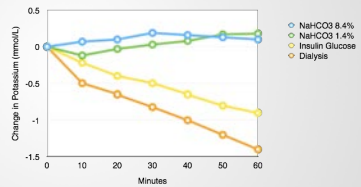


Allon Et al. Annals of Int Med; 1989: 110, 426-429

Treatment: Insulin



Induce intracellular shift



Blumberg Et al. Amer J Med; 1988: 85, 507-512.

Treatment: Increase excretion of potassium



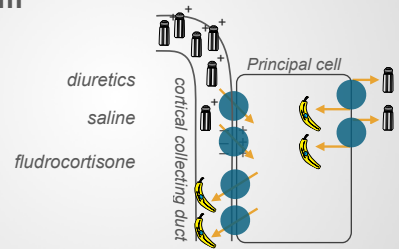
Increased potassium loss

- diuretics
- saline
- fludrocortisone
- polystyrene resins
- dialysis

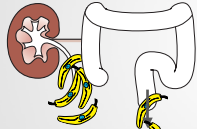
Treatment: Increase excretion of potassium



Increased potassium loss



Treatment: Increase excretion of potassium



Increased potassium loss

- polystyrene resins (Kayexalate)
- ZS-9
- Patiomer

Treatment: Increase excretion of potassium



Increased potassium loss

WARNINGS

Intestinal Necrosis

• Cases of intestinal necrosis, which may be fatal, and other serious gastrointestinal adverse events (bleeding, ischemic colitis, perforation) have been reported in association with Foyesimite use.

• Do not use in patients who do not have normal bowel function. This includes postoperative patients who have not had a bowel movement post surgery.

• Do not use in patients who are at risk for developing constipation or impaction (including those with history of impaction, chronic constipation, inflammatory bowel disease, ischemic colitis, vascular intestinal microangiopathy, previous bowel resection, or bowel obstruction).

• Discontinue use in patients who develop constipation. Do not administer repeated doses in patients who have not passed a bowel movement.

FDA has received 35 adverse event reports of serious bowel injuries, many of them fatal.

Treatment: Increase excretion of potassium



Increased potassium loss

dialysis