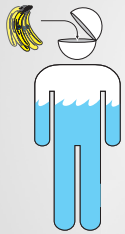




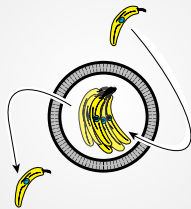
Hypokalemia

Increased renal losses:
Vomiting

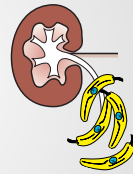
Three processes of hypokalemia



Decreased intake

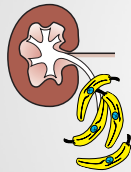


Intracellular shift



Increased renal excretion

Increased renal excretion



Increased renal excretion



Increased renal excretion

- **Secondary hyperaldosteronism** Diuretics
Salt wasting nephropathies
Vomiting
- Primary hyperaldosteronism** Actual
Apparent
- Unreabsorbable anions** Proximal RTA
Drugs
- Potassium wasting nephropathy** Polyuria
Distal RTA
Hypomagnesemia

Increased renal excretion

- Secondary hyperaldosteronism** Diuretics
Salt wasting nephropathies
→ Vomiting
- Primary hyperaldosteronism** Actual
Apparent
- Unreabsorbable anions** Proximal RTA
Drugs
- Potassium wasting nephropathy** Polyuria
Distal RTA
Hypomagnesemia

Increased potassium losses: GI

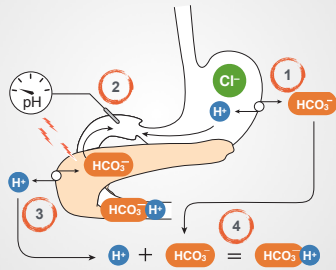


→ Vomiting

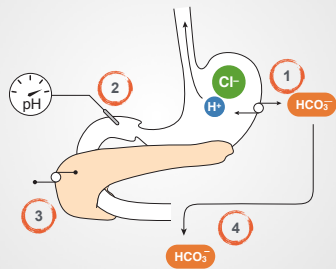
TABLE 2.1 Composition of gastrointestinal secretions

Type of Secretion	Volume (mL/24 hr)	Na ⁺ (mEq/L)	K ⁺ (mEq/L)	Cl ⁻ (mEq/L)	HCO ₃ ⁻ (mEq/L)
Saliva	1,000-1,500	5-10	20-30	5-15	25-30
Stomach	1,000-2,000	60-90	10-15	100-130	—
Pancreas	600-800	135-145	5-10	70-90	95-115
Bile	300-600	135-145	5-10	90-110	30-40
Small intestine	2,000-3,000	120-140	5-10	90-120	30-40

→ Vomiting Normal Physiology



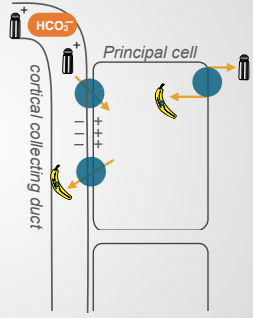
→ Vomiting Normal Physiology



→ Vomiting

To compensate for the kidney increases HCO_3^- excretion

Volume loss increases aldosterone







Implications of the renal loss of potassium in vomiting

- ➔ Patients with renal failure do not get hypokalemia with vomiting

No urine, no hypokalemia

- ➔ Using proton pump inhibitors prevents hypokalemia

Implications of the renal loss of potassium in vomiting

- ➔ Using proton pump inhibitors prevents hypokalemia



➔ Vomiting

Potassium secretion

K⁺

Distal Na delivery

Aldosterone

