Assess using ABCDE approach
- 12-lead ECG and monitor cardiac rhythm if serum potassium (K+) ≥ 6.5 mmol L\(^{-1}\)
- Exclude pseudohyperkalaemia
- Give empirical treatment for arrhythmia if hyperkalaemia suspected

### MILD
K+ 5.5 - 5.9 mmol L\(^{-1}\)
- Consider cause and need for treatment

### MODERATE
K+ 6.0 - 6.4 mmol L\(^{-1}\)
- Treatment guided by clinical scenario, ECG and rate of rise

### SEVERE
K+ ≥ 6.5 mmol L\(^{-1}\)
- Emergency treatment indicated

#### ECG changes?
- Peaked T waves
- Broad QRS
- Flat / absent P waves
- Sine wave
- Bradycardia
- VT

#### IV calcium
- 10 mL 10 % calcium chloride IV
- OR 30 mL 10 % calcium gluconate IV
- Use large IV access and give over 5-10 min
- Repeat ECG
- Consider further dose after 5 min if ECG changes persist

#### Insulin–glucose IV infusion
- Glucose (25 g) with 10 units soluble insulin over 15 min IV
- 25 g glucose = 50 mL 50 % glucose OR 125 mL 20 % glucose
- Risk of hypoglycaemia

#### Salbutamol 10-20 mg nebulised

#### Consider calcium resinon
- 15 g x 4/day oral or
- 30 g x 2/day per rectum

#### Consider dialysis
- Seek expert help

#### Monitor serum potassium and blood glucose

#### Consider cause of hyperkalaemia and prevent recurrence

### Protect the heart

### Shift K+ into cells

### Remove K+ from body

### Monitor K+ and blood glucose

### Prevention