

Hyperkalemia Treatment Algorithm (K⁺ > 6 meq/L) Protect, Push, Purge

K⁺-related ECG changes

ONE OF THE FOLLOWING:

1. **FIRST LINE:** Calcium Gluconate 10 mL/1 g IV (10 ml = 90 mg Ca⁺²)
2. **ALTERNATE:** Calcium Chloride 10 mL/1 g IV (10 ml = 270 mg Ca⁺²)
ONLY for pt with CVC or in arrest
3. **ALTERNATE:** Hypertonic Saline (HS) 3 ml/kg of 3% HS **OR** 3 ml/kg of 8.4% HS -**Only in hyponatremic hypovolemic patients**

NEBULIZED ALBUTEROL
(see adjacent box)
AND INSULIN/GLUCOSE
(See Below)

NEBULIZED ALBUTEROL
Albuterol 20 mg INH in 4 ml for
10 min
consider Insulin/Glucose

Insulin Options	Glucose Dose	Glucose Re-Dose	Lab Monitoring
Regular 5 U (Consider in ESRD)	25g D50 (1 amp)	None	BS q 1 hr x3 BMP 1 hr post insulin
Regular 10 U	25g D50 (1 amp)	25g D50 @ 1 hr post insulin	BS q 30 min x 6 BMP 2hr post insulin
Regular 10 U (Consider if glucose <100 mg/dL)	D10W gtt @ 200 ml/h infusion	None	BS q 1hr x3 BMP 2hr post insulin

ESRD = End Stage Renal Disease, BMP = Basic Metabolic Panel, glucose mg/dL

**Hypovolemic AND
Metabolic acidosis?**

Consider Sodium Bicarb 1 amp
(LIMITED EVIDENCE)

**Urinary obstruction,
Anuric or oliguric?**

Consider IV loop diuretics
AND/OR K-BINDING AGENTS

Dialysis/CRRT

