Ward Cover

Hyperkalaemia: emergency checklist

Based on UK Kidney Association (2026) *Clinical practice guideline: management of hyperkalaemia in adults*

MILD 5.5–5.9	MODERATE 6.0–6.4	SEVERE ≥6.5
Find the cause, review drugs, recheck.	Urgent ECG. Consider insulin–glucose + binder.	Emergency. Monitor, treat, tell registrar now.

ECG changes at any K^+ level → IV calcium first (step 2).

1 CONFIRM AND ASSESS

- [ ] Go and see the patient: ABCDE and NEWS2. Peri-arrest? **2222**.
- [ ] 12-lead ECG now if K^+ ≥6.0. Peaked T, wide QRS, flat P, bradycardia?
- [ ] Blood gas K^+ while you wait for the lab.
- [ ] Haemolysed or delayed sample? Repeat from a large vein, minimal tourniquet, analyse promptly.
- [ ] Cardiac monitor if K^+ ≥6.5, ECG changes, or 6.0–6.4 and unwell.
- [ ] K^+ ≥6.5 or ECG changes: tell your registrar **now**.

2 PROTECT THE HEART only if ECG changes

- [ ] **Calcium gluconate 10%, 30 mL IV over 10 min.** Arrest/peri-arrest: calcium chloride 10%, 10 mL IV over 5 min.
- [ ] Good cannula that flushes. Not in the same line as bicarbonate.
- [ ] Repeat ECG. Consider a further dose if changes persist (lasts ~60 min).

3 SHIFT K^+ INTO CELLS

- [ ] Capillary glucose **before** insulin.
- [ ] **Insulin–glucose: 10 units soluble insulin + 25 g glucose IV over 15 min.** Write "units" in full; insulin syringe; two-person check.
- [ ] Pre-treatment CBG below 7.0? Add **10% glucose 50 mL/h for 5 h**.
- [ ] CBG at 0, 30, 60, 90, 120, 180, 240, 300, 360 min.
- [ ] K^+ ≥6.5: **salbutamol 10–20 mg nebulised** as an add-on. Never alone.

4 REMOVE K^+ AND FIX THE CAUSE

- [ ] **SZC 10 g TDS orally** (up to 72 h) for K^+ ≥6.5; consider at 6.0–6.4.
- [ ] Hold culprits: K^+ supplements, ACEi/ARB, spironolactone, NSAIDs, trimethoprim.
- [ ] AKI? Fluid status, urine output, bladder scan.
- [ ] Haemodialysis patient: renal team for urgent dialysis.

5 RECHECK AND HAND OVER

- [ ] K^+ at 1, 2, 4, 6 and 24 h. Write the clock times below.
- [ ] Not below 6.0 by 2 h, or rebound: repeat insulin–glucose, get specialist advice and discuss with your registrar.
- [ ] Document what you gave and when. Hand over the recheck plan.

K^+ RECHECK TIMES

1 h	2 h	4 h	6 h	24 h

WHEN TO CALL FOR HELP

- **2222** Cardiac arrest or peri-arrest.
- **NOW** K^+ ≥6.5 or ECG changes: registrar + urgent renal or critical care opinion.
- **NOW** Airway, breathing, circulation or conscious level problems: critical care / outreach.
- **URGENT** No renal unit on site: refer to critical care first.

Educational resource — not medical advice. For healthcare professionals. Always follow your local trust guideline and the BNF, and seek senior help early.

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