Management Algorithm for Adults with Hyperkalemia
(K > 5.5 mEq/L)

*All disposition and treatment recommendations should account for local standards of care and should not supersede the clinical judgement of the treating physician.

**Recommended Doses for Acute Care Settings:**
- **Calcium Gluconate:** 1 gram; **Calcium Chloride:** 1 ampule
- **Insulin (Regular)/Dextrose:** 5 units (insulin-naive or CKD); 10 units (not naïve)/ DS/1-2 amps. Repeat POC glucose in 30 mins & q1hr. Allbutol: 10mg Nebulizer over 15mins.
- **Loop Diuretics:** Adjust for GFR. Bumetanide Dose: 1-2 mg IV once. Furosemide Dose: 20-80 mg IV once. Torsemide Dose: 10-40 mg IV once.

Selection of therapeutic agents should account for safety profile, availability, route of administration, tolerability, and patient clinical status.

**New ECG Changes?**
- **Arrhythmia** (bradycardia, non-sinus tachycardia, junctional rhythm)
- **Prolonged Intervals** (PR or QRS)
- **Diminished P Wave amplitude** ST or T Wave Changes (elevation, depression, peaked T)

**Discharge (consider):**
1. Chronic HK with
   - stable vitals and ECG &
   - K eliminated with binder or diuretics &
   - close follow up &
   - Risk/benefit, shared decision of dc discussed

**Treatment Options‡**
- **K < 6:** Consider insulin/dextrose + albuterol ± oral binders ± furosemide/fluids*. **K:** 6-6.5 – Administer oral binders ± urgent hemodialysis. **K > 6.5:** Administer insulin/dextrose + albuterol ± furosemide/fluids*. Consider oral binders. Arrange for immediate hemodialysis.

‡ Consider bicarbonate for metabolic acidosis. *Loop diuretics: use when eGFR >45; Fluids: when eGFR >45 and patient does not have CHF.