



5. Hyperkalaemia

$K^+ > 6.5 \text{ mmol/L}$ with ECG changes/bradycardia

- 1 Call for help and the resuscitation trolley
- 2 Who is the “hands-off” leader? Assign roles.
- 3 Stabilize the myocardium
 - Calcium chloride 10% 10ml IV and consider repeating. Follow with saline flush.
- 4 Shift K^+ into cells
 - IV Sodium bicarbonate 50-100mmol. Follow with saline flush.
 - IV Insulin 10u in 50% glucose 50ml over 5 min.
 - Nebulised salbutamol 5 mg
- 5 Remove K^+ from the body
 - Frusemide 10-100mg iv bolus (infusion 10-20mg/min)
 - CVVH with no K^+ in replacement fluid
- 6 Stop all potassium supplements and potassium sparing drugs
- 7 Monitor Potassium, Glucose, Urea and Electrolytes and Creatinine

Critical CHANGES

If BRADYCARDIA develops: Go to ⇒ CHKLST 2
If PEA develops: Go to ⇒ CHKLST 3
If VT/VF develops: Go to ⇒ CHKLST 1

DRUG DOSES and treatments

Give drugs via central line if available

Calcium chloride: Effective within 3 minutes. Duration of action 30-60min. Can be repeated.

Insulin: 10u in 50 mL of 50% glucose. *Peak reduction within 15 min. Sustained for up to 2h.*

Sodium bicarbonate 8.4% (= 1 mmol/L) 50-100ml.

Salbutamol 5mg nebulised (up to 20mg) *Onset within 30 minutes. Repeat if necessary.*

Consider

Modest hyperventilation

CVICU Resuscitation Checklist – Post cardiac surgery with chest closed



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