Hyperkalemia

Normal K+ = 3.5-5.0 meq/L

EKG Changes:

6.0-7.5 meq/dL – prolonged PR interval, TALL peaked T waves, short QT interval

7.5-8.5 meq/dL – flattened P waves, QRS widening

8.5-12 meq/dL – QRS degrading to Sine wave

****Treatment depends on the degree of hyperkalemia, and/or signs and symptoms q EKG abnormalities with a Dx of hyperkalemia.****

Routine Standard of Care

Obtain K+ if possible

ABC's, O2, IV, EKG, ***12 Lead EKG***

IFT

Administer Calcium Gluconate (1gm) over 2 min
If you have a central line, administer Calcium Chloride

Not to be administered in same line as NaHco3**

Administer 10 UNITS of Insulin*

Administer 1 amp of D50

Administer 1 amp (50 Meq) Sodium Bicarbonate **NaHco3**

Continuous Albuterol updraft

Scene Flight

Administer Calcium Gluconate (1 gm over 2 min)

Continuous Albuterol Updraft

Medical Protocols

Pearls

- We do not carry insulin, If you suspect that the pt is having a hyperkalemic emergency, ask the sending hospital for access to insulin
- Make sure that you have the latest K+ level, is possible
- Monitor the pt for EKG changes, monitor any and all changes
- If pt is in CRF, be cautious giving the fluid. Listen to lung sounds, and monitor output if possible
- Check the pt's blood sugar