ADULT HYPERKALAEMIA ALGORITHM

GUIDELINES 2025
EUROPEAN RESUSCITATION COUNCIL©

- Assess using ABCDE approach
- 12-lead ECG and monitor cardiac rhythm if serum potassium (K^+) ≥ 6.5 mmol L^{-1}
- Exclude pseudo hyperkalaemia
- Give empirical treatment for arrhythmia if hyperkalaemia suspected

MODERATE
K^+ 6.0-6.4 mmol L^{-1}

Treat as severe if ECG changes present

SEVERE
K^+ ≥ 6.5 mmol L^{-1}

Emergency treatment indicated

ECG Changes? OR Arrhythmia?

Peak T waves	Bradycardia
Flat / absent P waves	Sine wave
Broad QRS	VT

NO

- Insulin-Glucose Infusion (check blood glucose pre-treatment)

STEP 1	Glucose 25g with 10 units soluble insulin over 15 - 30 min IV
STEP 2	If pre-treatment blood glucose < 7.0 mmol L^{-1}, give further 25g glucose: start 10% glucose infusion at 50ml hr^{-1} for 5 hours

- Salbutamol 10-20mg nebulised
- Potassium binder: Sodium zirconium cyclosilicate 10g or patiromer 8.4g

YES

- IV Calcium (6.8 mmol)

30ml 10% calcium gluconate IV over 10 min

OR

10ml 10% calcium chloride IV over 5 min (cardiac arrest or peri-arrest)

Consider Dialysis

Monitor serum K^+ and blood glucose

Seek expert help

ABCDE – airway, breathing, circulation, disability, exposure; ECG – electrocardiography; IV – intravenous; VT – ventricular tachycardia; K – potassium