

Hyperkalemia

Does this patient have a risk factor for true hyperkalemia (vs lab error)?

- Dialysis, chronic renal failure, dehydration, recent medication change (digoxin, K-sparing diuretic, NSAID, ACE inhibitor, oral KCl supplementation)
- Yes = high risk
- No = low risk

If the patient is **low risk**, AND K <6.5 mmol/L, AND the patient is asymptomatic, consider pseudo-hyperkalemia.

- Repeat electrolyte testing ASAP (consider no tourniquet)

In all other scenarios:

If K <5.5 mmol/L and the patient is asymptomatic	<ul style="list-style-type: none"> • Treating underlying cause (re-hydrate, modify medication dosage etc) • Repeating electrolyte testing ASAP (consider no tourniquet)
If K >5.5mmol/L, the patient is high risk, or unwell	<ul style="list-style-type: none"> • Refer to the ED for assessment

NOTE: ECG is most important for risk determination. If you perform in-office ECG and recognize signs of hyperkalemia, **refer to the ED.**

Resources

- [Emergency Care BC: Hyperkalemia – Diagnosis and Treatment](#)

