

CLINICAL PRACTICE GUIDELINE

Guideline coverage includes NICU KEMH, NICU PMH and NETS WA

Hyperkalaemia Management

This document should be read in conjunction with the [Disclaimer](#)

Definition

Serum potassium (K^+) > 6.5 mmol/L (in a free flowing venous or arterial sample).

Background

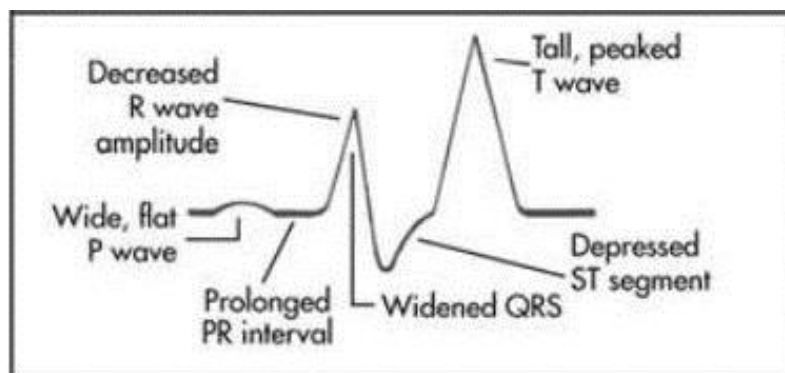
- Hyper K^+ (especially when K^+ > 7 mmol/L, or with ECG changes) is a medical emergency due to the concentration-dependent effect on cardiac myocyte membrane potentials, resulting in life threatening arrhythmias. Hence, treatment must be prompt.
- Cardiac toxicity is enhanced by hypocalcaemia, hyponatremia or acidosis, and patients with these abnormalities may experience complications at lower potassium levels.

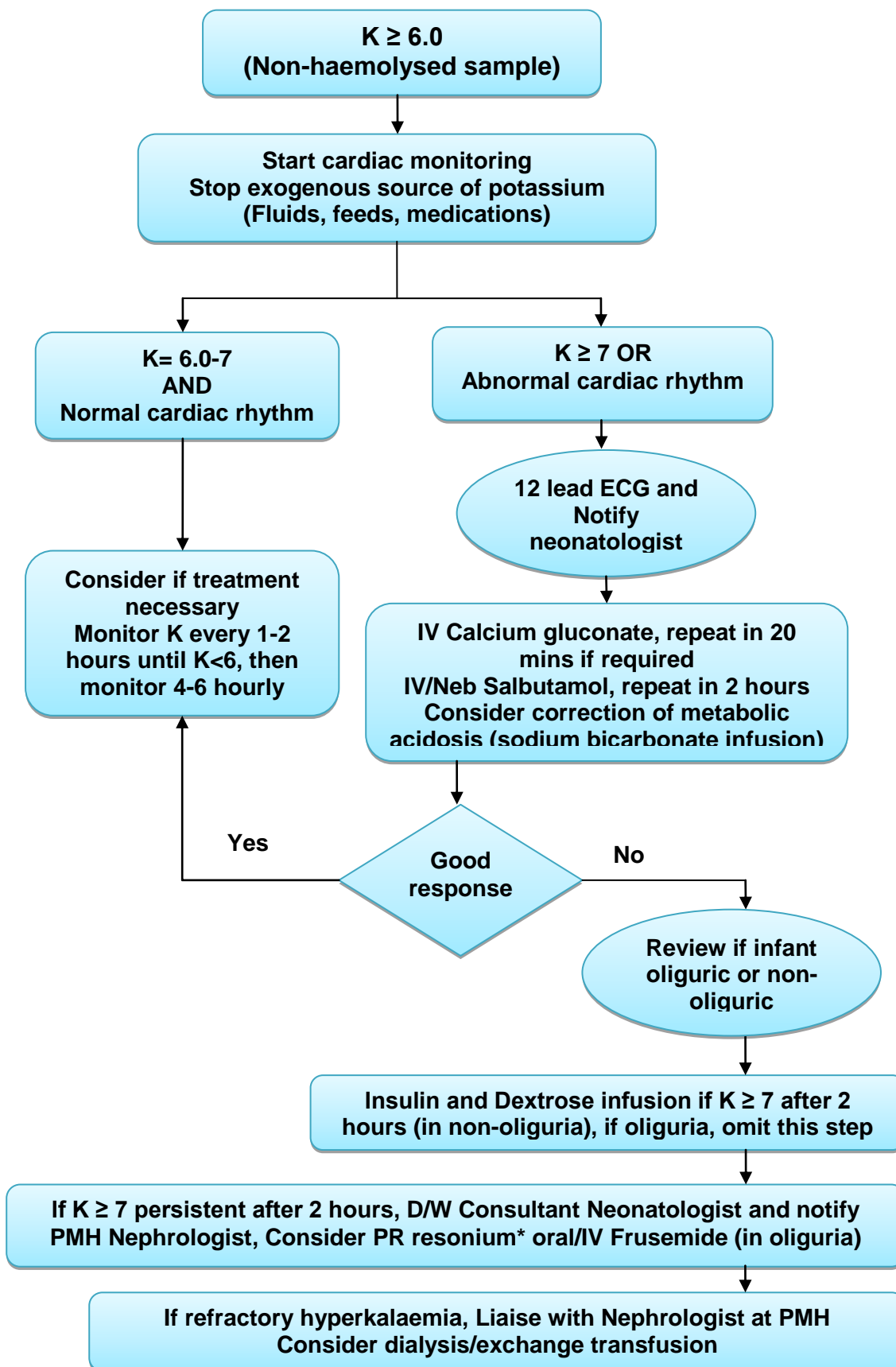
Clinical Manifestations

- Most babies are asymptomatic and hyperkalaemia is noted on the routine monitoring of levels.
- Cardiac conduction disturbance, resulting in wide complex tachycardia, ventricular fibrillation and circulatory failure.

Assessment


- If K^+ > 6.5 mmol/L in **capillary blood sampling** then baby should have the levels checked by free flowing venous sampling or arterial sampling. If K^+ > 6.5 mmol/L in venous or arterial sampling, baby should have cardiac monitoring.
- 12 lead ECG should be performed if K^+ > 7 mmol/L or if evidence of cardiac arrhythmia on monitoring.
- Other investigations to look for cause of hyperkalaemia.
- ECG changes (as below).





References

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