

Potassium Management
Goal of Treatment – normal range (depends on Pathology Laboratory range)

Level QHPSS	Issue	Treatment
K+ > 7.0 mmol/L	Represents a potential emergency <ul style="list-style-type: none"> ▪ Bicarbonate ▪ Signs & Symptoms ▪ ECG 	<ul style="list-style-type: none"> ▪ HCO³ < 15 mmol/L – IVI replacement ▪ Resonium A ▪ RHSD Policy – <ul style="list-style-type: none"> ○ IVI Insulin with Glucose
K+ 6.0 – 6.9 mmol/L	Potential precipitants: <ul style="list-style-type: none"> ▪ Drugs – ACEi, ARBs, non-selective beta blockers, K+ sparing diuretics, NSAIDS, trimethoprim sulphamethoxazole ▪ Other – volume depletion ▪ Diet ▪ Acidosis & Renal Tubular Acidosis HCO³ < 18 mmol/L ▪ Hyperglycaemia ▪ Starvation in DM ▪ Urinary Tract Obstruction 	<ul style="list-style-type: none"> ▪ Review and or alter medications ▪ Correction Hydration ▪ Restrict Dietary K+ - refer to Dietitian ▪ Correct Acidosis – oral replacement ▪ Control BGLs and nutrition – refer to diabetes educator and or Dietitian ▪ GENERAL <ul style="list-style-type: none"> ○ Loop Diuretics (↓ K+; ↑ HCO³) ○ Resonium A – commence with 15gm BD with repeat bloods in 1 week (not suitable with History of GI blockage)
K+ < 3.0 mmol/L	Potential precipitants: <ul style="list-style-type: none"> ▪ Drugs – diuretics ▪ Diarrhoea ▪ Malnutrition ▪ High renin/aldosterone states 	<ul style="list-style-type: none"> ▪ Cease or ↓ dose of diuretics ▪ Treat volume depletion ▪ Dietitian referral ▪ Oral supplementation of K+ - monitor bloods