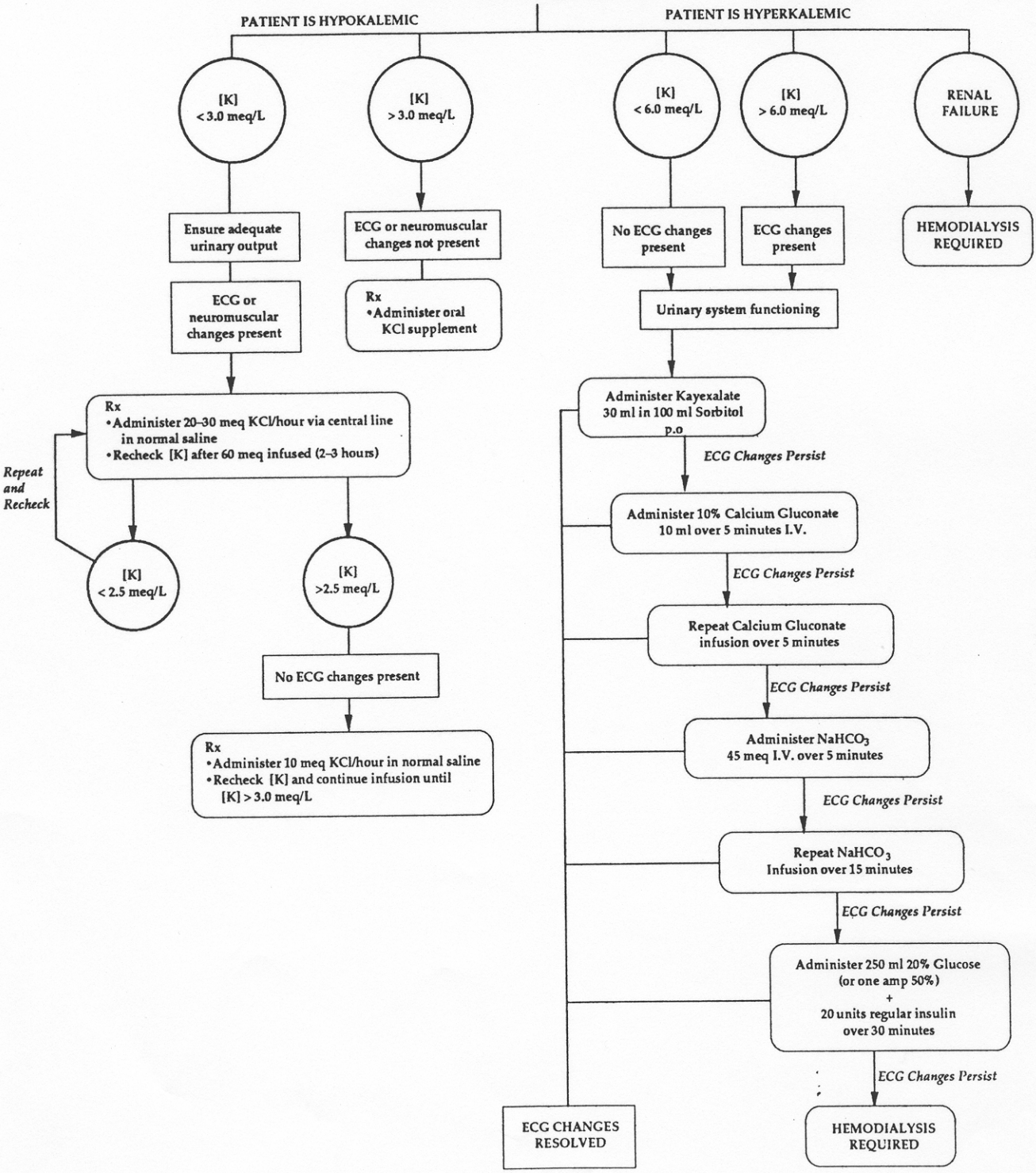
POTASSIUM


PATIENT IS HYPOKALEMIC
PATIENT IS HYPERKALEMIC
[K] < 3.0 meq/L
[K] > 3.0 meq/L
[K] < 6.0 meq/L
[K] > 6.0 meq/L
RENAL FAILURE
Ensure adequate urinary output
ECG or neuromuscular changes not present
No ECG changes present
ECG changes present
HEMODIALYSIS REQUIRED
ECG or neuromuscular changes present
Rx
•Administer oral KCl supplement
Urinary system functioning
Rx
•Administer 20–30 meq KCl/hour via central line in normal saline
•Recheck [K] after 60 meq infused (2–3 hours)
Administer Kayexalate 30 ml in 100 ml Sorbitol p.o
ECG Changes Persist
Repeat and Recheck
Administer 10% Calcium Gluconate 10 ml over 5 minutes I.V.
[K] < 2.5 meq/L
[K] >2.5 meq/L
ECG Changes Persist
Repeat Calcium Gluconate infusion over 5 minutes
No ECG changes present
ECG Changes Persist
Rx
•Administer 10 meq KCl/hour in normal saline
•Recheck [K] and continue infusion until [K] > 3.0 meq/L
Administer NaHCO3 45 meq I.V. over 5 minutes
ECG Changes Persist
Repeat NaHCO3 Infusion over 15 minutes
ECG Changes Persist
Administer 250 ml 20% Glucose (or one amp 50%) + 20 units regular insulin over 30 minutes
ECG Changes Persist
ECG CHANGES RESOLVED
HEMODIALYSIS REQUIRED