

ELECTROLYTE DISTURBANCES - HYPERKALAEMIA

Supporting information

This guideline has been prepared with reference to the following:

Yartsev A. Response to 1L of Hartmann's compound sodium lactate (in Deranged Physiology). 2021.

<https://www.derangedphysiology.com/main/cicm-primary-exam/Chapter%20234/response-1l-hartmanns-compound-sodium-lactate>

Renal Association. Treatment of acute hyperkalaemia in adults. 2020 Renal Association / Resuscitation Council (UK)

https://ukkidney.org/sites/renal.org/files/RENAL%20ASSOCIATION%20HYPERKALAEMIA%20GUIDELINE%20-%20JULY%202022%20V2_0.pdf

NHS Improvement. Patient Safety Alert: Resources to support safe and timely management of hyperkalaemia. 2018

<https://www.england.nhs.uk/publication/patient-safety-alert-safe-and-timely-management-of-hyperkalaemia/>

Farkas, J. Myth-busting: Lactated Ringers is safe in hyperkalemia, and is superior to NS. 2014. EMCrit

<https://emcrit.org/pulmcrit/myth-busting-lactated-ringers-is-safe-in-hyperkalemia-and-is-superior-to-ns/>

If a patient on low molecular weight heparin develops hyperkalaemia, what should be done to discover whether this is drug-induced?

One method of identifying low molecular weight heparin (LMWH) as the cause of hyperkalemia is to reduce the dietary intake of potassium to see if the condition improves. The use of lactulose, chronological investigation and the stopping and starting of LMWH are other methods to discover if the condition is drug induced (Scalese, 2016).

Scalese MJ. Profound hyperkalemia associated with thromboprophylactic enoxaparin. Ther Adv Drug Saf. 2016;7: 120-1

Evidence Level: V

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