

Causes

- ↑ **K⁺** intake
- **Excess use of salt substitutes**
- **Renal failure**
- **Adrenal insufficiency**
- **K⁺ sparing diuretics**
- **Cell destruction (chemotherapy)**
- **Metabolic acidosis**
- **DKA**
- **Medications**
- **Addison's disease or Hypoaldosteronism**

S/S

- **Paresthesia**
- **Irritability**
- **N, D, Abd cramping**
- **↓ HR, ↓ CO, ↓ BP**
- **Possible MI**
- **Tall, tented T wave**

Hyperkalemia

> 5.0 mEq/L

Moderate 6.1 – 7.0

Severe > 7.0

**Occurs < hypokalemia
but more serious.**

Tx

- **Loop diuretic to ↑ K⁺ loss**
- **K⁺ restricted diet**
- **Hemodialysis**
- **Kayexalate (binds with K⁺ & prevents absorption)**
- **D50 ċ insulin (urgent – drives K⁺ into cells)**
- **IV calcium gluconate (to correct myocardial effects)**

Associated Drugs

- **Angiotensin-converting enzyme inhibitors**
- **Antibiotics**
- **Beta-adrenergic blockers**
- **Chemotherapeutic drugs**
- **Digoxin**
- **Heparin**
- **NSAIDS**
- **K⁺ (in excessive amounts)**
- **K⁺ sparing diuretics (spironolactone)**

Labs/Diagnostics

- **↑ Serum K⁺ (> 5.0)**
- **↓ Arterial pH (indicating acidosis)**
- **EKG abnormalities**