

## Level of Evidence = LOE

A = Randomized prospective controlled trials (control and intervention group are enrolled prior to measured outcome)

B = Nonrandomized prospective trials

C = Retrospective analyses

E = Expert opinion, guideline, consensus statement, textbook summary, articles that summarize

M = Meta-analyses

Q = Economic analyses

## Guideline and order set comments:

1-Note that calcium gluconate, albuterol, bicarbonate and kayexalate are not intended to be used as monotherapy based on our review of the literature and expert opinion.

2-The more severe or clinically relevant the hyperkalemia the more aggressive the therapy should be (i.e. use multiple therapies at once).

3-Repeated calcium dosages can exacerbate digoxin toxicity.

\* **Mild hyperkalemia = 5.5-6.0, moderate hyperkalemia = 6.0-7.0, severe hyperkalemia is greater than 7.0.**

## \*\* Kayexalate retention enema protocol

- Insert tubing 20 cm to rectum. Administer 250 cc tap water (body temperature) enema to remove feces.
- Shake kayexalate and mix 2:1 with tap water.
- Insert enema tube and administer.
- Retain 2-4 hours and elevate hips.
- Insert tube 20 cm into rectum. Administer 500 cc tap water (body temperature) enema to flush out remaining kayexalate.

## References for Hyperkalemia

### Role of EKG as a diagnostic tool

\*\*One prospective cohort trial of blinded interpreters found that the sensitivity was around 40% and specificity at 85% (LOE- B)

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### Therapies and etiology of hyperkalemia (LOE –E for all references in this section unless stated otherwise)

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**Therapies and etiology of hyperkalemia continued**

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