Treat hyperkalaemia

Hyperkalaemia (K⁺ ≥ 6.5 mmol/L)

Calcium Chloride OR Calcium Gluconate IV bolus
Consider repeating dose if ROSC not achieved within 5-10 min, or if resuscitation attempt is prolonged

Insulin – Glucose IV bolus

Sodium Bicarbonate IV bolus

Consider Dialysis during CPR if no ROSC (HD or HDF more efficient than CVVH or PD)

Monitor serum K⁺ and blood glucose

ROSC achieved
Follow standard post cardiac arrest management and treatment of hyperkalaemia

Consider cause of hyperkalaemia and prevent recurrence

Shift K⁺ into cells

Treat metabolic acidosis

Remove K⁺ from body

Monitor K⁺ and Glucose

Post-Arrest

Prevention

Follow ALS Algorithm

Identify and treat reversible causes

Seek expert help!

Date: ____/____/____ Time: ____:

First 15 min

Na⁺: ____ pH ___.
K⁺: ___.__ pCO₂ ___.
Urea: ___.__ pO₂: ___.
Creat: ____ Bicarb: ____
Time: ____ BE: _____

Dialysis patient: Contact Renal Unit

IV Calcium (6.8 mmol)
10 ml 10% Calcium Chloride IV OR
30 ml 10% Calcium Gluconate IV
Effective within 3-5 min, but effect lasts only 30-60 min
Give empirically if suspected hyperkalaemia (e.g. for dialysis patient)

Glucose (25 g)
50 ml 50% Glucose OR
125 ml 20% Glucose,
WITH Soluble Insulin – 10 units

Sodium Bicarbonate
50 ml 8.4% (50 mmol)
No evidence for potassium lowering, but effect of hyperkalaemia exacerbated by metabolic acidosis

15 min onwards

Dialysis
Plan early
Use existing dialysis access if available; otherwise insert femoral vein catheter
Use dialysate solutions containing no potassium, or low potassium concentration

Blood Monitoring:

<table>
<thead>
<tr>
<th>Glucose</th>
<th>K⁺</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>___</td>
</tr>
<tr>
<td>15 min</td>
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<td>90 min</td>
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<td>240 min</td>
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<tr>
<td>360 min</td>
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</tbody>
</table>

K⁺: potassium; Na⁺: sodium; Creat: creatinine; Bicarb: bicarbonate; IV: intravenous; min: minutes; CPR: cardiopulmonary resuscitation; ROSC: return of spontaneous circulation; HD: haemodialysis; HDF: haemodiafiltration; PD: peritoneal dialysis; CVVH: continuous veno-venous haemofiltration.