Management of Hyperkalaemia in the Community

**K⁺ < 5.5 mmol/l**
- No treatment required

**K⁺ 5.5 – 5.9 mmol/l**
- Medication review:
  - RAASi
  - Potassium supplements
  - Trimethoprim/co-trimoxazole NSAID
  - Non-selective beta-blockers ‘lo-salt’ substitute
- Low K⁺ diet
- Treat metabolic acidosis
- Consider diuretic

**K⁺ 6.0 – 6.4 mmol/l**
- ACUTELY ILL OR AKI PRESENT
- NO
- YES
- STOP RAASi

**K⁺ 6.5 mmol/l**
- REFER TO HOSPITAL FOR EMERGENCY TREATMENT

Exclude pseudohyperkalaemia

**Patiromer**
- Starting dose: 8.4g once daily (max dose 25.2g)
- Maintenance dose: Titrate in 8.4g increments at 1 week intervals based on K⁺ level

**Sodium Zirconium Cyclosilicate (SZC)**
- Starting dose: 10g three times daily for maximum 72 hours
- Maintenance dose: 5g once daily
- Titrate up to 10g daily OR Down to 5g alternate days

**CKD 3b-5 (not on dialysis) or Heart Failure**
- K⁺ persistently ≥ 6.0 mmol/l AND Sub-optimal RAASi therapy
- YES
- STOP RAASi
- Secondary care initiation only

- NO

- **Patiromer** OR **Sodium Zirconium Cyclosilicate**

**MONITOR SERUM K⁺**

- SZC and Patiromer
  - Monitor for efficacy and hypokalaemia

PREVENT RECURRENT OF HYPERKALAEMIA

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