



**General Medicine  
HYPERKALEMIA  
Practice Guideline**

**Patient Care Goals**

1. Identify hyperkalemia may occur in various clinical settings such as cardiac arrest and bradycardia
2. Limit mortality from hyperkalemia
3. Incorporate this protocol within other applicable protocols

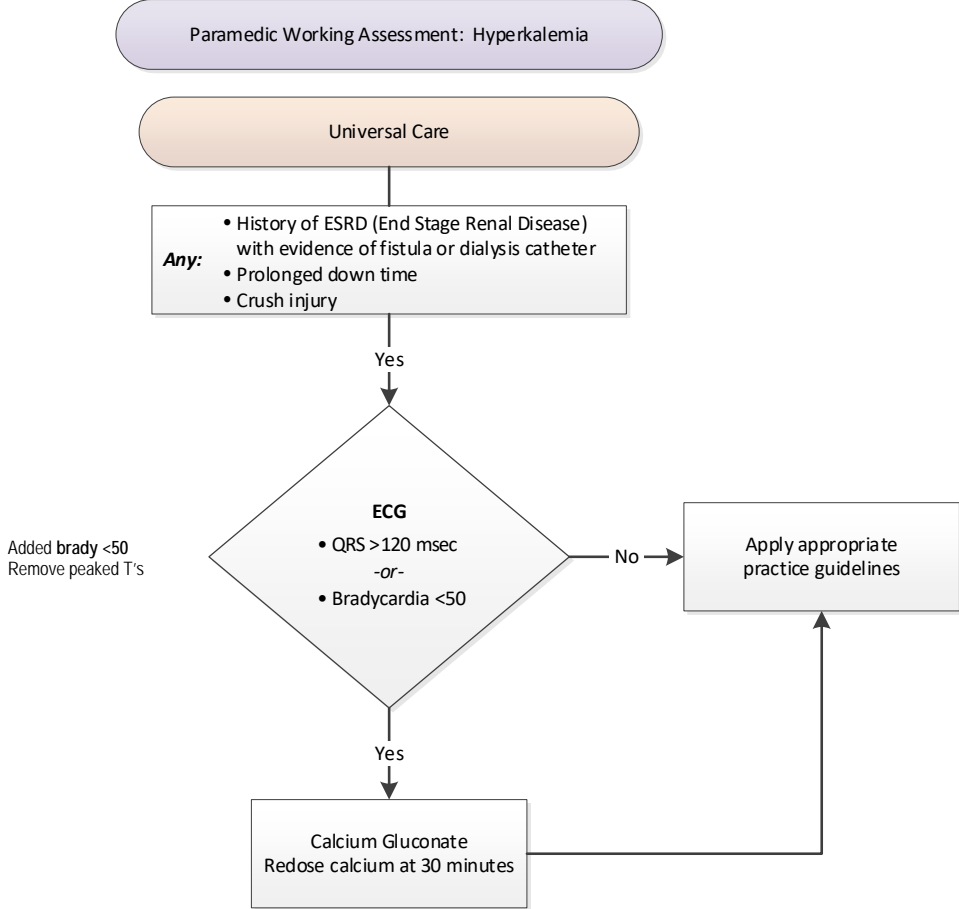
**Patient Presentation**  
*Inclusion Criteria*  
Patients with history of ESRD evidenced by a fistula/dialysis catheter *or* prolonged down time *or* crush injury, **plus either of the following:**

- Wide QRS >120 msec  
-or-
- Bradycardia <50

**Patient Management**  
12 lead ECG  
Medication:  
Calcium Gluconate 10%  
• 60 mg/kg to max of 3,000 mg (3 grams) IV/IO  
• Redose calcium at 30 minutes

**Quality Improvement:**  
Key Documentation Elements  
Evidence of ESRD (End Stage Renal Disease)  
Prolonged down time or crush injury  
ECG interpretation  
Clinical indication for treatment

**Patient Safety Considerations**  
Routine use of lights and sirens is not recommended during transport unless severe or refractory to EMS interventions



Examples of ECGs with bradycardia and/or QRS > 120 msec:

