

1. The emergency treatment of hyperkalemia should include:

1. Stabilisation of the myocardium by intravenous administration of 10–30 mL calcium gluconate 10% over 5–10 min. The effect is temporary but the dose can be repeated.
2. Intravenous administration of 10–20 units of soluble insulin with 50 mL of 50% glucose to stimulate cellular potassium uptake. The dose may be repeated. The blood glucose should be monitored for at least 6 h to avoid hypoglycaemia.
3. Acidosis may be corrected with an intravenous dose of sodium bicarbonate, preferably as an isotonic solution. Correction of acidosis stimulates cellular potassium re-uptake.
4. Intravenous salbutamol 0.5 mg in 100 mL 5% dextrose administered over 15 min has been used to stimulate the cellular Na-K ATPase pump and thus drive potassium into cells. This may cause disturbing muscle tremors at the doses required to reduce serum potassium levels.

2. ACE Inhibitors: U&E Monitoring

- Worsening Renal Function
 - Generally Cr ↑ <50% or <266 μmol/L- **acceptable.**
 - If Cr ↑ >265 μmol/L but <310 μmol/L- **halve dose of ACE and monitor.**
 - If Cr ↑ >310 μmol/L- **stop ACE immediately and monitor more closely.**

Drugs to be reviewed in BNF

1. Valsartan
2. Lisinopril
3. Erythropoietin alpha