

IV Calcium

[IV Calcium-cow](#)

IV calcium is indicated in patients with a hyperkalemic emergency as it directly antagonizes the action of potassium on cell membranes, most importantly those of the heart. This is a rapidly acting, short-lasting treatment that should be used for initial stabilization of patients. Calcium can be infused as calcium gluconate or calcium chloride, with gluconate largely preferred due to tolerability.

Infusion of Glucose and Insulin

[Infusing Glue-bottle and Insect-syringe](#)

Patients with hyperkalemia are given infusions of glucose and insulin to drive potassium into cells and thereby decreasing extracellular potassium levels. Insulin is the main driver of potassium in this solution, with glucose added to prevent hypoglycemia.

Loop or Thiazide Diuretics

[Loop-hen and Tarzan on Die-rocket](#)

In mild cases of hyperkalemia and when the kidneys are functioning properly, loop or thiazide diuretics can be given to increase the excretion of potassium from the circulatory system.

Kayexalate

[Kayak](#)

Kayexalate is a gastrointestinal cation exchanger, a type of drug that eliminates potassium in the GI tract by exchanging it for other cations. Kayexalate is the prototypal drug of its class and is not often used today as it may increase the chance of colonic necrosis. Newer agents such as patiromer or zirconium cyclosilicate are preferred.

Dialysis

[Dial-machine](#)

Dialysis is indicated for patients with severe hyperkalemia and kidney impairment. As renal elimination of potassium through loop or thiazide diuretics may be ineffective, hemodialysis is indicated to quickly remove large amounts of potassium from the blood.

Prevention Education

[Prevention Educator](#)

Preventing recurrence of hyperkalemia involves educating the patient to reduce dietary potassium, removing an offending medication, or the addition of a diuretic.