

$5.4 - 6.0 \, \text{mmol/L}$

If eGFR has not decreased by >10% and the rise in potassium is not recent (within 1 week) and <0.5 mmol/L, suggest repeat potassium analysis within 1 to 2 weeks

If? secondary to medication consider changing dose and/or drug (examples in BOX 2)

In general these patients do not require emergency admission

$6.1 - 6.9 \, \text{mmol/L}$

Recheck urgently unless it has been previously raised.

Consider performing an ECG

Drugs which can raise potassium (exampled in BOX 2) should usually be stopped immediately

Consider emergency admission to hospital. Base your decision on:

- Clinical changes / arrhythmias
- Severe muscle weakness, paralysis fatigue, paraesthesia
- Rapid fall in eGFR (>10% within 1-2 weeks)
- Rapid increase in potassium (>0.5 mmol/L within 1-2 weeks)

≥ 7.0 mmol/L

Recheck urgently unless it has been previously raised

Perform ECG; Usually requires urgent admission to hospital

Drugs which can raise potassium (examples BOX 2) should be stopped immediately

Advice for Barnsley patients is available via contacting Biochemistry on 01226 432733 and speaking to Dr.Straffen.