

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

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 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 432772 or 435749.