DOSES BELOW

Acute hyperkalemia in adults

START HERE · Check ECG and start continuous monitoring
Measure potassium and glucose. Repeat a suspect sample promptly while treating immediately if ECG toxicity or arrest is present.

Which threat needs treatment first?

Hyperkalemic cardiac arrest	Start ALS. Give arrest calcium chloride and bicarbonate as below through separate lines or flush between them. Cardiac arrest in the operating room
ECG toxicity with a pulse	Give IV calcium. Choose chloride in peri-arrest and gluconate in other settings. Repeat ECG and assess for a further dose. Continue to potassium shift when indicated.
Severe K^+ ≥6.5 mmol/L, with or without ECG change	Shift potassium with insulin and glucose. Use nebulized salbutamol as an adjunct. Discuss urgent dialysis if refractory or severe kidney failure.

DOSE AND ADMINISTRATION

Calcium · ECG toxicity with pulse Guideline	**Calcium gluconate 10%, 30 mL IV over 10 min. In peri-arrest: calcium chloride 10%, 10 mL IV over 5 min.** [38]
Calcium chloride and bicarbonate · arrest Guideline	**RCUK 2025: calcium chloride 10%, 10 mL IV, and sodium bicarbonate 50 mmol IV (50 mL of 8.4%).** [21] [38]
Insulin and glucose · potassium shift Guideline	**Regular soluble insulin 10 units with glucose 25 g by IV infusion.** [38]
Glucose infusion · baseline <7 mmol/L (126 mg/dL) Guideline	**Glucose 10% IV at 50 mL/h for 5 h.** [38]
Salbutamol · adjunct only Guideline	**Salbutamol 10-20 mg nebulized.** [38]

Reassess and escalate · UKKA: recheck K^+ at 1, 2, 4, 6 and 24 h. After insulin, check glucose at 0, 30, 60, 90 and 120 min, then hourly through 6 h.

Clinical scope · Read back the calcium salt, concentration and route, and insulin in units. The guideline addresses adults. Use the full local emergency and renal-replacement pathway.

Official algorithm

Sources [21] RCUK special circumstances 2025 • [38] UKKA July 2026