NHS
Oxfordshire
Clinical Commissioning Group

Resources to support safe and timely management of hyperkalaemia (high level of potassium in the blood)

A recent document came out in the CCG bulletin indicating that practices need to have a protocol in place for management of hyperkalaemia in their patients. See https://www.oxfordshireccg.nhs.uk/professional-resources/documents/gp-weekly-bulletin/2018/August/22/patient-safety-alert-resources-to-support-safe-management-of-hyperkalaemia.pdf

An NHSI review of local guidance to manage hyperkalaemia found some management examples that were not evidence-based, and/or were not written in a way that was easy to follow during an emergency.

The new NHSI alert signposts to resources on the NHS Improvement website that can help organisations ensure their clinical staff have easily accessible information to guide prompt investigation, treatment and monitoring options.

The following hyperkalaemia guidelines for GPs is on the NHSI website (see https://renal.org/wp-content/uploads/2017/06/hyperkalaemia-guideline-1.pdf). It recommends that all patients with **severe** hyperkalaemia (K+ ≥ 6.5 mmol/L) are referred to secondary care for immediate assessment and treatment but that patients with **mild** (K+ ≥ 5.5-5.9 mmol/L) or **moderate** (K+ 6.0-6.4 mmol/L) hyperkalaemia have a review of their medication and diet and regular monitoring of serum potassium; the urgency of assessment and frequency of potassium monitoring will depend on individual circumstances. There is also a helpful educational video here for use with clinicians: https://www.youtube.com/watch?v=9qpXCtr2Q-E&feature=youtu.be

The resources also include an example of how hospitals could make it easier for their staff by pre-preparing sets of the equipment, guidance and medication they would need in an emergency.

Last year OCCG discussed K+ reporting with the OUH path lab. They already have hyperkalaemia protocols in place

- They see all high potassium results after they're authorised and decide whether they need urgent action, taking into account any change in renal function, delay in the specimen being processed, and the presence of haemolysis, and any clinical details or previous information on the hospital system about the patient.
- If they think that it needs action, they phone the GP surgery or the 111 service.
- The duty biochemist is in the lab from 08:30 to 21:00 on weekdays and 08:30 to 13:00 on weekends.
- At other times, the lab phones the Biochemist on call, and they can look up everything about the patients record and decide whether it needs urgent action as above or can wait until the morning or the next working day.

If your practice adopts the above guidance as their practice protocol and nominates a GP lead this should cover off all aspects of the NHSI guidance. For any other concerns please contact me at Planned Care.

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