CKM Potassium Guideline for Healthcare Professionals



Guiding Principles: Chronic kidney disease is often associated with hyperkalemia, which **predisposes patients to the risk of cardiac arrhythmias.** Potassium levels are affected by diet, degree of kidney failure, and medications. Interventions for hyperkalemia include a potassium-restricted diet and the use of potassium binding resins such as sodium calcium sulfonate (eg. Resonium).

Bloodwork should be **based on patient preference** but it would be reasonable to monitor potassium levels monthly. It is important to assess trends rather than a single value.

GFR 15 - 5 | Slow Decline/Deteriorating | Last 0-5 years of life

In general, it is recommended to provide acute treatment of hyperkalemia in CKM patients but this should be **determined based on the patient's wishes and values.**

Whenever possible, patients requiring a potassium restricted diet should be considered for a referral to a Registered Dietitian

• See: AHS Potassium Foods Brochure

Discussion with Patients & Families

If the patient is ambivalent or **worried about sudden death from high potassium** (or if it is important for them to live to see an important milestone), it is appropriate to continue with monitoring and interventions.

For patients who wish to liberalize their intake, the **risks of lifting the potassium restriction must be explained clearly.** If a patient does not want interventions to prolong life, potassium levels do not need to be monitored.

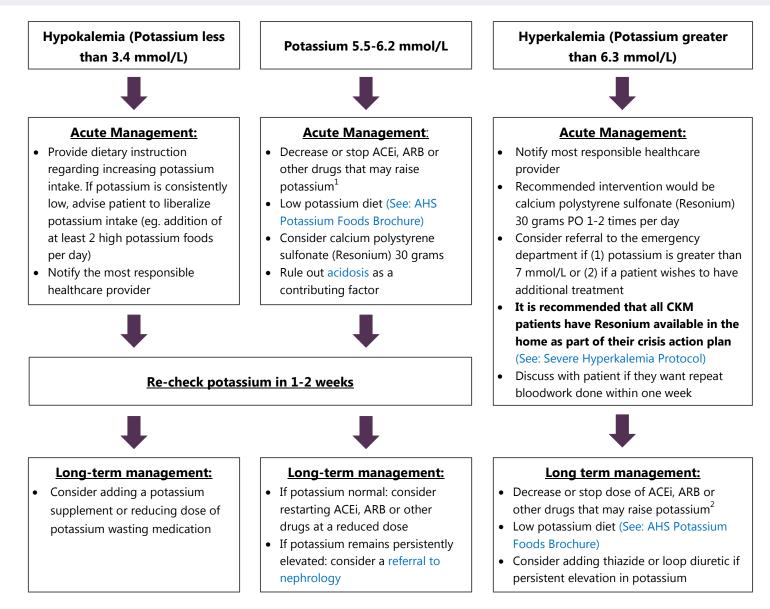
GFR 5 - 0 | Intensive/Near Death | Last 0-2 months of life

It is appropriate to stop monitoring and managing potassium levels if the patient is in his or her last weeks or days of life:

- Discontinue medications that were intended to maintain appropriate potassium levels (e.g. potassium-binding cationexchange resins) to decrease pill burden.
- The patient can eat as desired.

CKM Potassium Guideline for Healthcare Professionals





¹Drugs that may raise potassium: Angiotensin Converting Enzyme Inhibitors (ACEi), Angiotensin II Receptor Agonists (ARBs), Selective Aldosterone Receptor Antagonists (eg. eplerenone), Trimethoprimsulfamethoxazole, NSAIDs, Beta Blockers, Potassium-sparing diuretics (eg. amiloride or spironolactone) and Antifungals (e.g. fluconazole). Increases in serum potassium of up to 0.5mmol/L can be expected when ACEi or ARB are initiated or with an increase in dose.

Modified for CKM patients from the original AHS CKD Pathway



Conservative Kidney Management Acronym Legend

Acronym:	Intended Meaning:
ATC	Around the Clock
BID	Twice Daily
CKD	Chronic Kidney Disease
СКМ	Conservative Kidney
	Management
COPD	Chronic Obstructive
	Pulmonary Disease
CO2	Carbon Dioxide
EOL	End of Life
ESA	Erythropoietin Stimulating
	Agent
ESKD	End Stage Kidney Disease
GFR	Glomerular Filtration Rate
GI	Gastrointestinal
g/L	Grams per litre
HgB	Hemoglobin
IN	Intranasal
IU	International Units
IV	Intravenous
kg	Kilogram
mcg	Microgram
mg	Milligram
mL	Millilitre

Acronym:	Intended Meaning:
mmol/L	Millimoles per Litre
OTC	Over the Counter
PO	By Mouth
PRN	As Needed
NSAID	Non-steroidal Anti-
	inflammatory Drugs
q(1-8)d	Every (Time Eg, 2) Days
q(1-8)h	Every (Time Eg, 4) Hours
q(1-8)weeks	Every (Time Eg. 2) Weeks
QHS	At Bedtime
RLS	Restless Leg Syndrome
SC	Subcutaneous
SL	Sublingual
SNRI	Serotonin and
	Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin
	Reuptake Inhibitors
TCA	Tricyclic Antidepressant
TID	Three Times a Day
>	Greater Than
≥	Greater Than or Equal To
<	Less Than
≤	Less Than or Equal To