

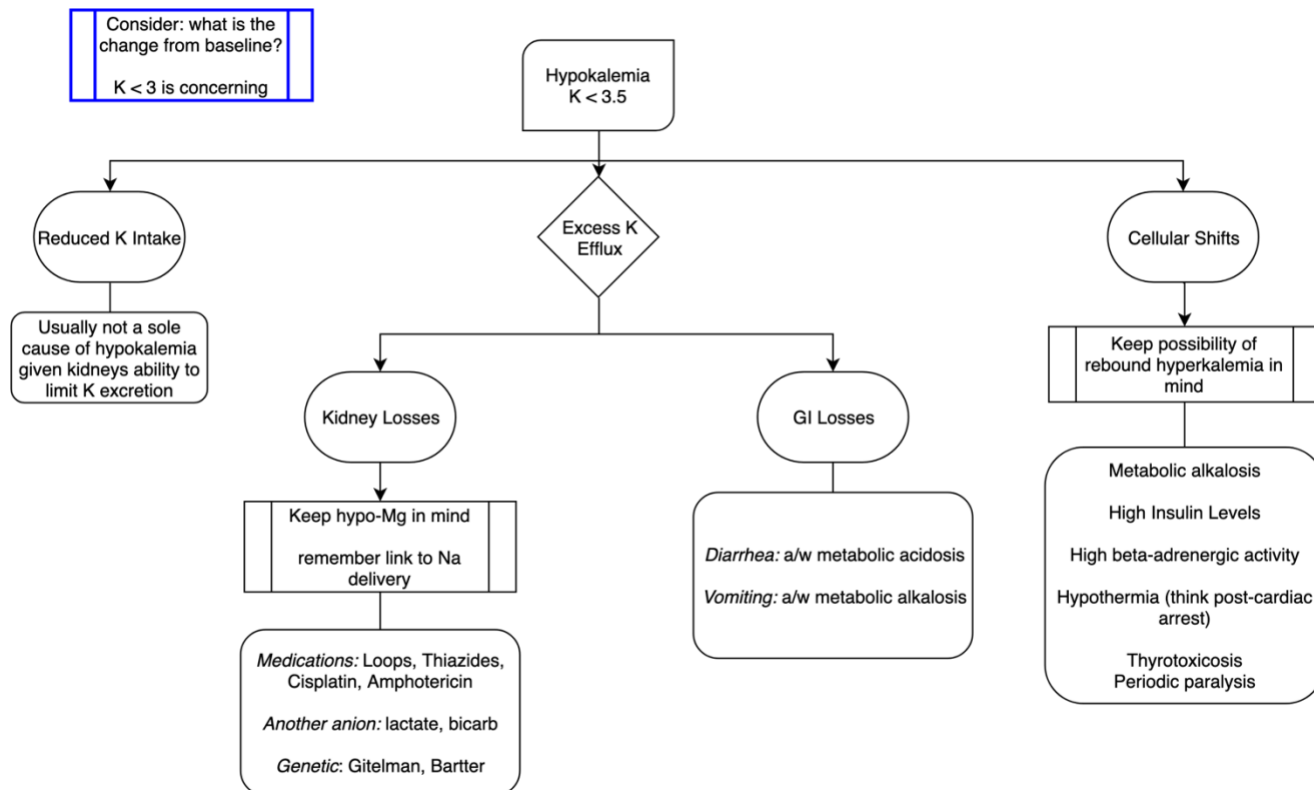
Hypokalemia

Handout compiled by Moses Murdock (@haematognomist)

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1. Diagnostic Approach:



2. Management:

- Workup:
 - Repeat measurement
 - Get an EKG: flattened T-waves, U waves, prolonged QT, arrhythmias, asystole
 - Urine K:Cr to determine if urinary potassium losses
 - Trend K as you replenish, watch out for rebound (especially if you suspect a shift etiology)
- Treatment:
 - If chronic, total body potassium depletion can be 100 mEq for every decrease in serum K of 0.2 mEq/L.
 - Replenish: 10 mEq for every 0.1 away from 4
 - Careful in patients with kidney disease. 10 mEq/ serum Cr for every 0.1 mEq/L increase in serum K desired
 - 40 mEq q4 – 6h orally
 - 10 mEq/h IV, central access is ideal
 - Remember to replete magnesium to allow kidneys to minimize urinary potassium excretion.