Guidance for the interpretation of elevated serum potassium in primary care

Patients at risk of TRUE hyperkalaemia or those at greater risk of its effects:

- CKD /Deterioration in renal function from previous
- Relevant drugs (see box below)
- Diabetes
- Metabolic acidosis
- Patients with acute illness e.g. AKI
- Older patients
- Patients with a cardiac history

Relevant Drugs

- **K retaining drugs**: ACEi, ARB, Spironolactone, NSAIDS, Amiloride and other K sparing diuretics; anti-fungals
- **K supplement:** Lo-salt
- **K containing drugs:** Movicol, Fybogel

Consider SPURIOUS HYPERKALAEMIA if:

- Prolonged tourniquet application/fist clenching
- Traumatic venepuncture
- Delayed separation exacerbated by low temperature
- Sample stored in fridge before dispatch
- Possible EDTA contamination – consider if low Calcium/Magnesium/ALP
- Young, well patient
- Isolated, marked elevation of potassium with normal/no change in renal function
- Normal acid/base (bicarbonate normal)
- No relevant drugs (see left column)
- Elevated white cells or platelets

  Note: Potassium results from **haemolysed** samples are not reported.

Potassium results ≥6.5 mmol/L will be phoned as a critical result