Guidance for the interpretation of elevated serum potassium in primary care

Note: Potassium levels can be increased by delay in transporting specimens, and storing specimens at high or low temperatures.

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

- CKD / Change 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
- **K supplement :** Lo-salt
- **K containing drugs:** Movicol, Fybogel

Consider SPURIOUS HYPERKALAEMIA if:

- Prolonged tourniquet application/fist clenching
- Traumatic tap
- > 5 hours before sample received by lab
- Sample stored in fridge before dispatch
- Possible EDTA contamination – e.g. samples collected in the wrong order
- Young, well patient
- Isolated, marked elevation of potassium with normal renal function
- Normal acid/base (bicarbonate normal)
- No relevant drugs (see left column)
- Elevated white cells (> 15 x 10^9/L) or platelets (> 700 x 10^9/L)

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

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

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