



**FOOTNOTES:**

- 1: Tall peaked T waves, widening of the QRS interval, "sine waves," ventricular arrhythmias.
- 2: May repeat dosing at 5 min if ECG abnormalities persist.
- 3: Close glucose monitoring is required: Can be repeated every 15-30 minutes as needed based on ECG findings or clinical instability. Alternative administration of insulin as a combination bolus of 6 units followed by an infusion at 20 units/hr with continuous D5W at a maintenance rate can be considered.
- 4: Oliguria defined by <400 mL per day.
- 5: Discontinuing NSAIDs, adjusting drugs that inhibit RAAS, adding oral diuretics, initiating oral bicarbonate therapy (if metabolic acidosis present).
- 6: Refer to Table. None of these agents have been FDA approved for hyperkalemia in the acute care setting.

**TABLE: GASTROINTESTINAL CATION EXCHANGER CHARACTERISTICS**

	Sodium Polystyrene Sulfonate	Patiromer	Sodium Zirconium Cyclosilicate
<b>Mechanism of action</b>	· Na <sup>+</sup> - K <sup>+</sup> exchange resin/polymer · Non-selectively binds K <sup>+</sup> , Ca <sup>++</sup> , Mg <sup>++</sup> · Commonly given with sorbitol	· Organic exchange resin/polymer · Nonspecific binding of cations	· 3 dimensional crystalline lattice · Selectively traps K <sup>+</sup>
<b>Binding site</b>	Colon	Colon	Proximal and distal GI tract
<b>Time of onset (hrs)</b>	Variable (2-6)	7	1
<b>Median time to K<sup>+</sup> normalization (hrs)</b>	Variable	>48	2.2
<b>Side effects</b>	· Variable Efficacy · Acute bowel necrosis · Hyponatremia · Volume overload · Drug-Drug Interactions	· GI discomfort (diarrhea, constipation, nausea) · Hypomagnesemia · Drug-Drug Interactions- requires timed separation of oral drug administration	· Edema · Reduction in BUN · Rise in HCO <sub>3</sub> (May be favorable)