

HYPOKALEMIA: Risk Factors

Excessive diaphoresis	Adverse effects of medications	Body fluid loss
Kidney disease	Corticosteroids	Vomiting
Dietary deficiency	Diuretics	Diarrhea
Alkalosis	Digitalis	Wound drainage
	Laxatives (abuse of)	Nasogastric suction

HYPOKALEMIA: Manifestations

Muscle weakness, cramping	Fatigue
Nausea, vomiting	Irritability, confusion
Decreased bowel motility	Paresthesia
Dysrhythmias	Flat and/or inverted T waves (ECG)

HYPOKALEMIA: Nursing Interventions

Monitor respiratory status	Initiate fall precautions
Initiate and monitor potassium replacement (oral, IV)	Monitor ECG
Monitor I&O	Monitor arterial HCO ₃ and pH
Reinforce client teaching: dietary sources, medications	

HYPOKALEMIA: Notes

NEVER give K⁺ IV bolus. MUST dilute.

"No P = No K." If the client is not urinating, do NOT administer potassium.

HYPERKALEMIA: Risk Factors

Renal failure	Adrenal insufficiency
Acidosis	Excessive potassium intake
Medications: potassium-sparing diuretics, ACE inhibitors	

HYPERKALEMIA: Manifestations

Peaked T-waves (ECG)	Ventricular dysrhythmias
Muscle twitching and paresthesia (early)	Increased bowel motility
Ascending muscle weakness (late)	

HYPERKALEMIA: Nursing Interventions

Administer medications	Monitor ECG
Kayexalate (monitor bowel sounds)	Monitor bowel sounds
50% glucose with insulin	Initiate dialysis
Calcium gluconate	Dietary restriction and teaching
Bicarbonate	
Loop diuretics	

