

MANAGEMENT OF HYPOCALCAEMIA

Check Ca^{+} on ABG: aim for ionized $\text{Ca} > 1 \text{ mmol/l}$

If $\text{Ca} < 1 \text{ mmol/l}$ give Calcium Gluconate 10% 0.5ml/kg (0.11mmol/kg) over 15mins
Ensure good IV access as Calcium Gluconate; risk to skin from extravasation

Repeat ABG to recheck Ca^{+} . Consider further infusion if Ca remains low or if clinically indicated: tetany/convulsions.

MANAGEMENT OF HYPERKALAEMIA

Start Treatment if $\text{K}^{+} \geq 7 \text{ mmol/l}$ or ECG changes present
(Peaked T waves, wide QRS, PR prolonged, reduced or absent Pwaves)

Protect Cardiac Membrane

Give 0.5ml/kg **calcium gluconate** 10% (max 20mls) over 15 mins
Ensure good IV access as Calcium Gluconate; risk to skin from extravasation

Promote Shift of Potassium into intracellular space

1. Start insulin infusion at 0.05-0.1 units/kg/hr with Dextrose and monitor blood glucose.
2. **Nebulised salbutamol** (2.5mg if $< 25 \text{ kg}$, 5mg if $> 25 \text{ kg}$)

- Recheck K^{+} and repeat above if needed
- Continue cardiac monitoring.
- If severe metabolic acidosis consider 8.4% sodium bicarbonate 1-2ml/kg.
- If persistent hyperkalaemia consider haemodialysis.