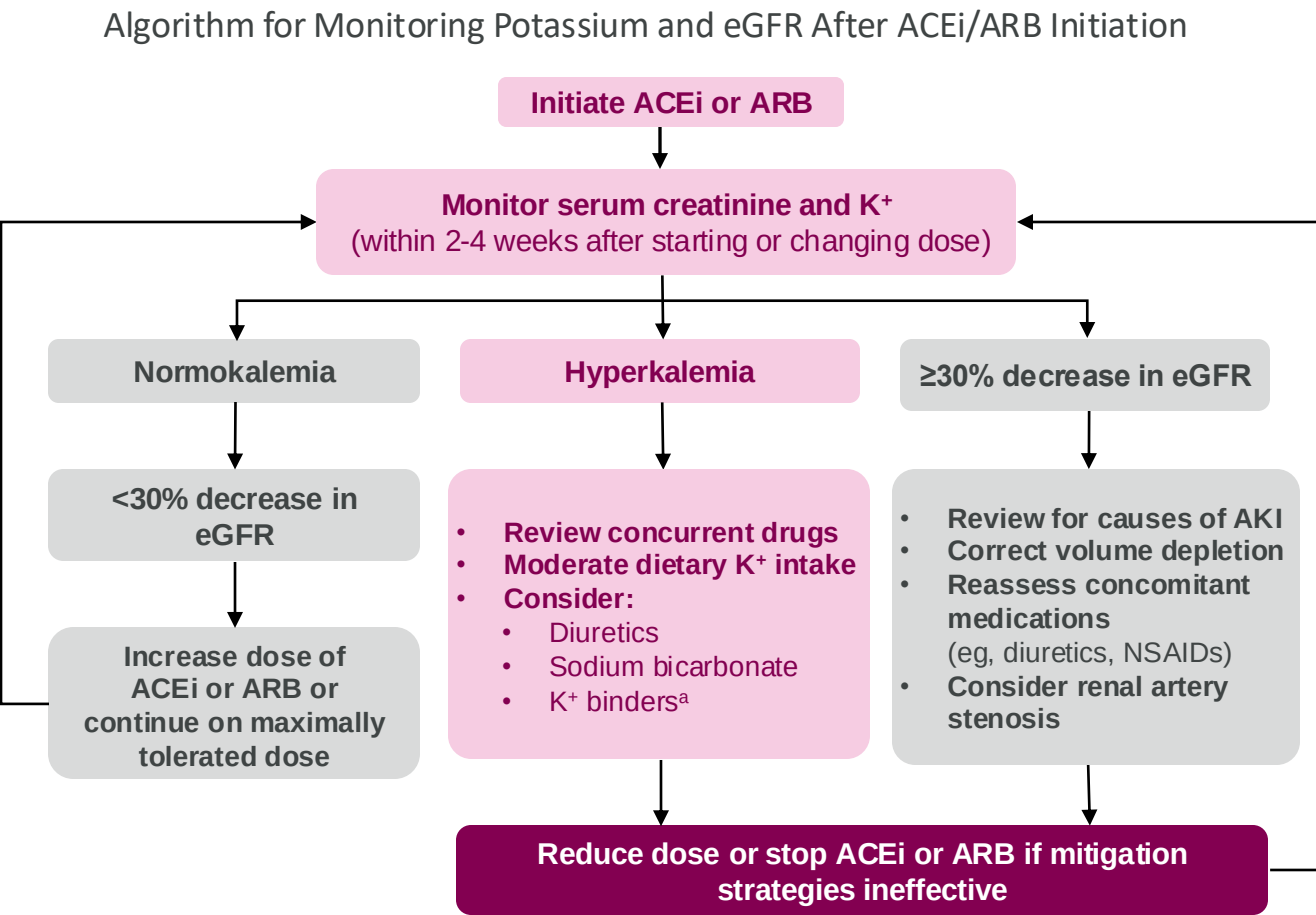


The KDIGO 2024 CKD Guideline Provides a Stepwise Approach on Hyperkalemia Management in CKD



Actions to Hyperkalemia^b Management in CKD

1st line: Address correctable factors

- Review non-RASi medications (e.g. NSAIDs, trimethoprim)
- Assess dietary potassium intake (dietary referral) and consider appropriate moderation of dietary potassium intake

2nd line: Medications

- Appropriate use of diuretics
- Optimize serum bicarbonate levels
- Licensed potassium exchange agents^c

3rd line: Last resort

- Reduce dose or discontinue RASi/MRA (discontinuation is associated with increased cardiovascular events. Review and restart RASi or MRA at a later date if patient condition allows)

Note: RASi included ACEi or ARB.

^aSuch as SZC and patiomer; ^bPotassium >5.5 mmol/L; ^cSZC, patiomer, and sodium/calcium polystyrene sulfonates.

¹ ACEi = angiotensin-converting enzyme inhibitor; AKI = acute kidney injury; ARB = angiotensin II receptor blocker; CKD = chronic kidney disease; eGFR = estimated glomerular filtration rate; MRA = mineralocorticoid receptor antagonist; NSAIDs = nonsteroidal anti-inflammatory drugs; RASi = renin-angiotensin system inhibitor; SZC = sodium zirconium cyclosilicate.

KDIGO CKD Work Group. *Kidney Int.* 2024;105(Suppl 4S):S117-S314.