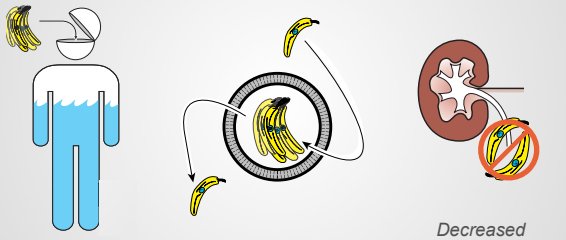
Hyperkalemia

Decreased excretion

Three causes of hyperkalemia

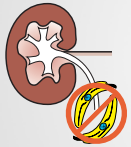


Increased intake

Extracellular shift

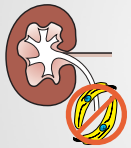
Decreased potassium excretion

Decreased potassium excretion



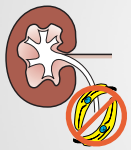
Persistent hyperkalemia is **always** due to a failure of renal potassium handling

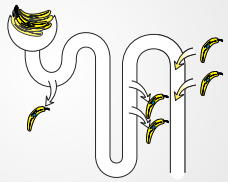
Decreased potassium excretion



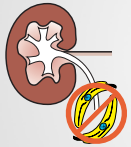
Renal failure
Decreased distal sodium delivery
eNaC antagonism
Hypoaldosteronism

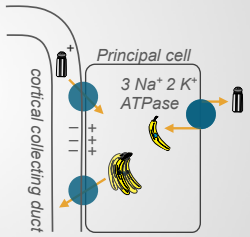
Decreased potassium excretion



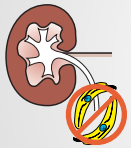


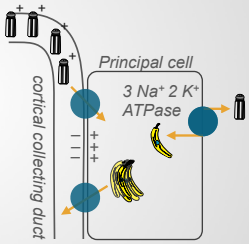
Decreased potassium excretion



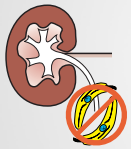


Decreased K^+ excretion: GFR, NSAID





Decreased K^+ excretion: eNA channel

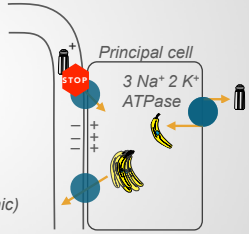


Triamterene

Amiloride

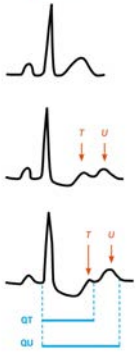
Trimethoprim

Type 1 RTA (electrogenic)

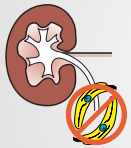


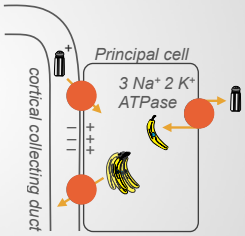
ECG changes

- T wave flattening
- U waves
- ST-depression
- pseudo-QT elongation

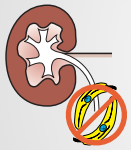


Decreased K^+ excretion: Hypoaldosteronism





Decreased K^+ excretion: Hypoaldosteronism



- **Congenital**
- **Adrenal insufficiency**
- **Diabetes**
- **Drugs**