4CPS-237

# HYPERKALEMIA AND RISK FACTORS: SCREENING AND ASSESSMENT IN HOSPITAL PATIENTS.

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## Background and Importance

**Hyperkalemia** is a frequent electrolyte alteration (EA) in hospital patients

High levels of potassium ($K^+$) may lead to heart and muscle disorders

Two actions become essential
- Close monitoring of plasma potassium levels
- Appropriate management

## Aim and Objectives

- To evaluate and monitor hyperkalemia in hospital patients
- To study risk factors and potentially implicated drugs (PIDs)
- To analyse the degree of acceptance (DA) of the pharmaceutical interventions and plasma potassium levels (PKL) normalization.

## Materials and Methods

Observational
Descriptive
Prospective

October 2021
to
January 2022

Incusion criteria

Patients with hyperkalemia ($K^+$> 5.3mEq/L) in the first 24 hours.

Screening

EA locator included in the health record system.

Variables collected
- Age and sex
- Basal PKL and PKL measured four days after
- Prescribed potentially implicated drugs
- Comorbidities ( kidney impairment)
- Previous therapeutic approach and dietary potassium restrictions.

Hyperkalemia classification
- Minor (5.3-5.9mEq/L)
- Moderate (6-6.5mEq/L)
- Severe (>6.5mEq/L)

The following recommendations were made.

- ✓ Discontinuation of potassium-containing serums
- ✓ PKL monitoring and dietary potassium restrictions (DKR) consideration in minor hyperkalemia cases
- ✓ Ion-exchange resin (IER) evaluation when patients with moderate-severe hyperkalemia tolerated oral intake
- ✓ If there were any prescribed PIDs, pharmacists recommended an alternative.

DA was determined and PKL were re-evaluated

## Results

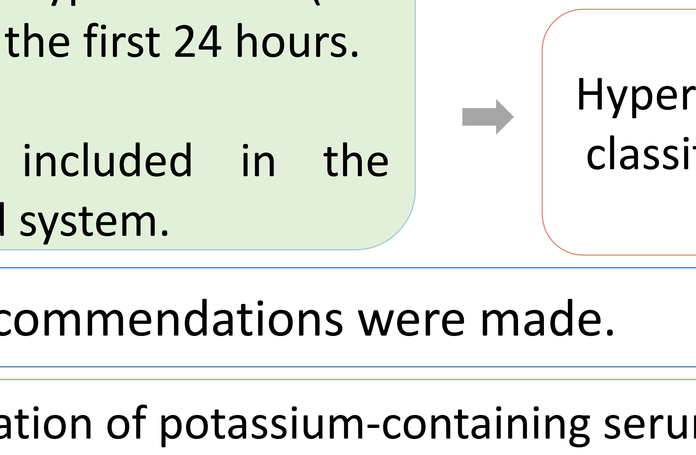
N= 87

♂ 64.4%

Average age (77)

Kidney impairment (41%)

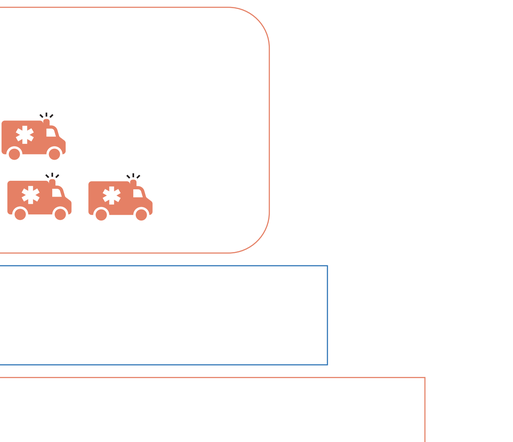
PID co-prescription (66,7%)




Interventions = 40,2%

Degree of acceptance = 65,7%

| PKL normalization | |
|---|---|
| **Accepted interventions** | Non-accepted interventions |
| **60,80%** | 25% |




## Conclusion and Relevance

- ➢ Hyperkalemia is more frequent in men and patients with kidney impairment
- ➢ There is an association between PID co-prescription and hyperkalemia episodes.
- ➢ Development of pharmaceutical validation tools (EA locator) → screening and monitoring of disorders that might trigger health consequences

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