



HOSPITAL

Hospitalization Roadmap Self-Assessment: Hyperkalemia



Purpose

Please complete the following self-assessment of processes within your clinic. The results will help identify opportunities for improvement concerning decreasing hospitalizations for ESRD patients related to **hyperkalemia**.

Instructions:

Step 1: Read through each best practice and rate your clinic based on how well you feel you are currently doing in each of these areas.

Step 2: Once all best practices are ranked, choose the area(s) (rated with a 1 or 2) where you feel you can make the most improvement in a short amount of time.

Step 3: Send the Network staff the area that you have chosen to focus on for this project.

NOTE: If you are already working through a Plan, Do, Study, Act (PDSA) cycle with a different action item than listed on this self-assessment related to **hyperkalemia**, please let the Network know what your action steps are.

Visit the Qsource ESRD Networks' [Hospitalization Hub](#) to find more resources for assisting your facility in keeping your patients out of the hospital.



Staff-Focused Best Practices

Circle your rating for each statement.

1= Don't currently do this

2= Needs work, could be doing more in this area

3= Confident, already doing this

- 1 2 3 Patients with repeated high potassium levels are reviewed by a nephrologist at least monthly to evaluate the need for or adjust orders for potassium-removing medications (Lokelma, Veltassa, Kayexalate).
- 1 2 3 We review each patient's potassium bath with the nephrologists monthly to ensure the patient is on the most appropriate potassium bath.
- 1 2 3 Physicians and nurses review patient medication lists monthly to address and seek alternatives to medications that may be potassium sparing and cause elevated potassium levels, e.g., angiotensin-converting enzyme (ACE inhibitors) and angiotensin II receptor blockers (ARBs) like Lisinopril and Losartan.
- 1 2 3 We ensure patients meet adequacy goal (Kt/V). If adequacy goal is not met, we notify the physician to receive necessary orders to adjust the patient's treatment prescription the day the KT/V results.
- Am I Getting Enough Hemodialysis? - Available in [English](#) and [Spanish](#)
 - Am I Getting Enough Peritoneal Dialysis? - Available in [English](#) and [Spanish](#)
- 1 2 3 We review patient serum bicarbonate levels monthly with a nephrologist to identify patients that may be experiencing metabolic acidosis.
- 1 2 3 We utilize a potassium protocol at our facility.
- 1 2 3 We have provided training to direct patient-care staff over proper blood collection techniques and handling of blood sample tubes in the past 12 months.
- 1 2 3 We advocate and attempt to receive orders to re-check high potassium levels at our facility.
- 1 2 3 We have practices in place, such as regular access flow and KECN monitoring to ensure the patient's access is functioning properly so that the patient is receiving the maximum benefit from each treatment.

Patient-Focused Best Practices

Circle your rating for each statement.

1= Don't currently do this

2= Needs work, could be doing more in this area

3= Confident, already doing this

- 1 2 3 We adapt education to the patient's culture and preferences (language, ethnicity, etc).
- [Working Effectively with an Interpreter](#)
 - [Effective Cross-Cultural Communications Skills](#)
- 1 2 3 We provide dietary education around the holidays or seasons to encourage kidney friendly food choices.
- 1 2 3 We have a Peer in Action that helps promote the concept of "community" in our facility, so that patients help each other be accountable for their treatments.
- [Peer in Action Conversation Starters](#)
 - [Facility Peers in Action Sign-Up Form](#)
 - [Facility Peers in Action Program Flyer](#)
- 1 2 3 We check hemoglobin A1c and ask for home blood glucose logs to identify if patients have uncontrolled blood glucose levels that could contribute to high potassium levels.
- How to Balance a Kidney and Diabetic Diet - Available in [English](#) and [Spanish](#)
 - [The Effects of Uncontrolled Diabetes on Your Body](#)
- 1 2 3 We ask patients if they are experiencing constipation in the time coinciding with elevated potassium levels.
- 1 2 3 We ask patients if they have experienced any bloody stools or GI bleeds in the time coinciding with elevated potassium levels.
- 1 2 3 We review all patient treatment times and educate patients on the importance of following their prescribed treatment times (missed treatments or shortened treatments).
- [Minutes Matter-Risks of Shortened or Missed Treatments](#)
 - [Missed Treatment and Reducing Hospital Visits Workbook](#)
 - [Missed Treatment Bulletin Board Kit](#)
- 1 2 3 Our dietitian has reviewed the patient's oral food and beverage intake that may contribute to high potassium levels such as hydration or energy drink consumption.
- 1 2 3 Our dietitian has evaluated and investigated potassium content of oral intake outside of the normal diet which could include tobacco, picas, herbal supplements, and recreational drug use.
- [National Kidney Foundation-Herbal Supplements and Kidney Disease](#)