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**“Hyperkalemia: A Clinical Review of Medications Used to Treat”**

Hyperkalemia, characterized by serum potassium concentrations exceeding 5.5 mmol/l, poses significant clinical challenges due to its potential to induce fatal dysrhythmias and muscle dysfunctions. Multiple pathologies, including chronic kidney disease (CKD) and diabetes mellitus, predispose individuals to this electrolyte imbalance. Its clinical manifestations often remain nonspecific, rendering a thorough history and physical pivotal for diagnosis. This review synthesizes the available literature, focusing on the diagnosis of hyperkalemia through comprehensive clinical assessments, and the pharmacological interventions available for its management.

The advent of drugs with escalating specificity for potassium offers promising avenues for treatment. Traditional agents like Sodium Polystyrene Sulfonate have been supplemented with newer entrants such as Sodium Zirconium Cyclosilicate and Patiromer. These agents exert their effects primarily within the gastrointestinal (GI) tract, harnessing distinct mechanisms of action. Importantly, their therapeutic profiles encompass a spectrum of benefits and contraindications. It is imperative for clinicians to remain updated about the evolving pharmacotherapeutic landscape of hyperkalemia management. This knowledge equips them to tailor treatments effectively, optimizing patient outcomes in the face of this life-threatening electrolyte disturbance.