

Appendix 6: Description of randomized trials of combination therapy for management of acute hyperkalemia

Author, year, number of subjects (N)	Study design	Study population	Hyperkalemia definition	Intervention	Comparator	K ⁺ baseline (mmol/L)* t = 0 min (SD)	K ⁺ treatment (mmol/L)* t = 30 min (SD) t = 60 min (SD)
Allon, 1990 (n=12) ¹	RCT cross-over	Patients on chronic hemodialysis	Pre-dialysis K ⁺ > 5.0 mmol/L	Insulin 10U IV + nebulized albuterol 20 mg	<ul style="list-style-type: none"> • Insulin 10U IV + dextrose • Nebulized albuterol 20 mg 	5.89 (0.87)	5.04 (NR) 4.68 (NR)
Allon, 1996 (n=8) ²	RCT cross-over	Patients on chronic hemodialysis	NR	<ul style="list-style-type: none"> • Isotonic NaHCO₃ in dextrose + insulin IV • Isotonic NaHCO₃ IV + nebulized albuterol 	<ul style="list-style-type: none"> • Nebulized albuterol 10 mg + isotonic saline IV • Isotonic saline IV • Isotonic NaHCO₃ at 90 mmol/h IV • Insulin 5 mU/kg/min + dextrose IV 	<ul style="list-style-type: none"> • HCO₃ + Insulin 4.23 (0.37) • HCO₃ + Albuterol 4.34 (0.54) 	<ul style="list-style-type: none"> • HCO₃ + Insulin 3.58 (NR) 3.44 (NR) • HCO₃ + Albuterol 3.79 (NR) 3.63 (NR)
Ngugi, 1997 (n=70) ³	RCT	ARF patients (n=10) and CRF patients (n=60)	K ⁺ > 5.0 mmol/L	<ul style="list-style-type: none"> • Insulin 10U + NaHCO₃ IV • Insulin 10U + Albuterol 0.5 mL IV • NaHCO₃ + Albuterol 0.5 mL IV • Insulin + Albuterol + NaHCO₃ IV 	<ul style="list-style-type: none"> • Insulin 10 U IV + dextrose • Albuterol 0.5 mL IV • NaHCO₃ at 3.3 mmol/min IV x 15 min 	<ul style="list-style-type: none"> • Insulin + HCO₃ 5.77 (NR) • Insulin + Albuterol 6.19 (NR) • HCO₃ + Albuterol 5.92 (NR) • HCO₃ + Albuterol + Insulin 6.63 (NR) 	<ul style="list-style-type: none"> • Insulin + HCO₃ 4.95 (NR) 4.57 (NR) • Insulin + Albuterol 5.15 (NR) 4.79 (NR) • HCO₃ + Albuterol 5.19 (NR) 5.03 (NR) • HCO₃ + Albuterol + Insulin 5.40 (NR) 5.00 (NR)
Gruy-Kapral, 1998 (n=6) ⁴	RCT cross-over	Patients on chronic hemodialysis	NR	<ul style="list-style-type: none"> • Phenolphthalein-docusate + Resin • Sorbitol + Resin 	<ul style="list-style-type: none"> • 8 gelatin capsules/placebo • Phenolphthalein-docusate • Sodium polystyrene sulfonate 30g 	<ul style="list-style-type: none"> • Phenolphthalein-docusate + Resin 4.35 (0.64) • Sorbitol + Resin 4.27 (0.93) 	<ul style="list-style-type: none"> • Phenolphthalein-docusate + Resin NR 4.42 (1.00) 240 min • Sorbitol + Resin NR 4.31 (1.08) 240 min
<p>*K⁺ values in intervention group. Abbreviations: K⁺, serum potassium; t, time; SD, standard deviation; RCT, randomized controlled trial; U, units; IV, intravenous; NR, not reported; ARF, acute renal failure; CRF, chronic renal failure; NaHCO₃, sodium bicarbonate</p>							

References

1. Allon M, Copkney C. Albuterol and insulin for treatment of hyperkalemia in hemodialysis patients. *Kidney Int* 1990;38:869-72.
2. Allon M, Shanklin N. Effect of bicarbonate administration on plasma potassium in dialysis patients: interactions with insulin and albuterol. *Am J Kidney Dis* 1996;28:508-14.
3. Ngugi NN, McLigeyo SO, Kayima JK. Treatment of hyperkalaemia by altering the transcellular gradient in patients with renal failure: effect of various therapeutic approaches. *East Afr Med J* 1997;74:503-9.
4. Gruy-Kapral C, Emmett M, Santa Ana CA, et al. Effect of single dose resin-cathartic therapy on serum potassium concentration in patients with end-stage renal disease. *J Am Soc Nephrol* 1998;9:1924-30.