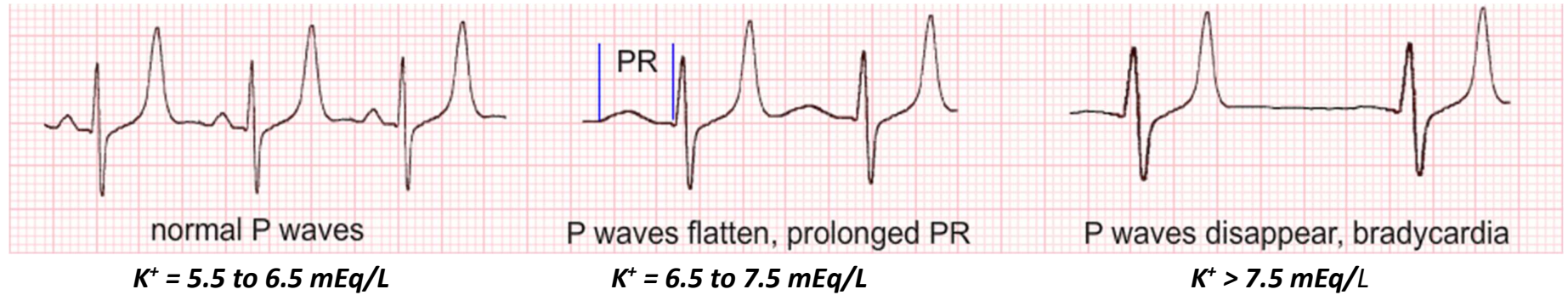


- Hyperkalemia



ECG changes depend on serum K^+ level and rapidity of rise:

- $K^+ = 5.5 \text{ to } 6.5 \text{ mEq/L}$

Tall, peaked, narrow-based T waves, defined as $> 10 \text{ mm}$ in precordial leads and $> 6 \text{ mm}$ in limb leads. May also be seen as normal variant or in acute MI, LVH, or LBBB.

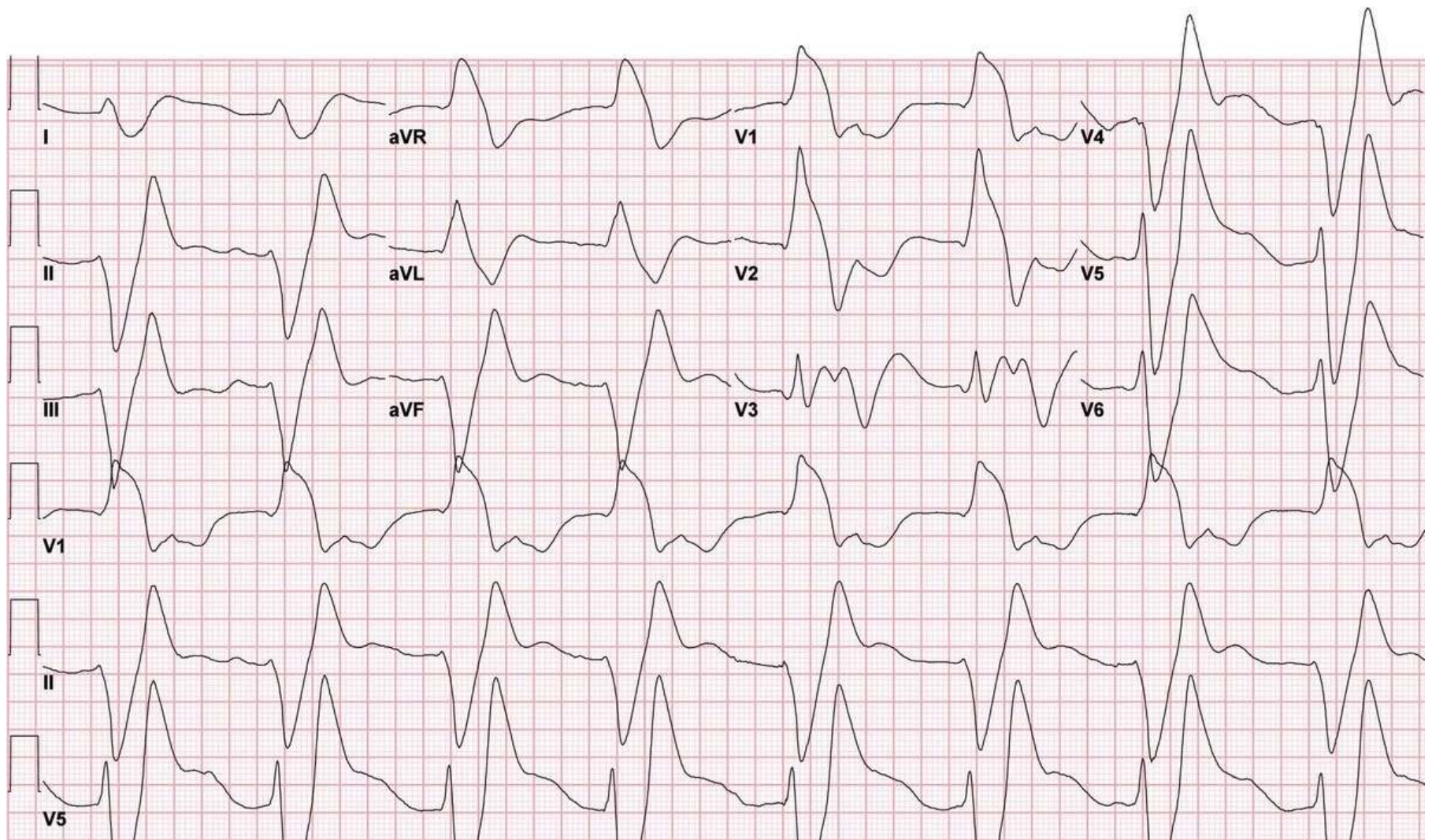
- QT interval shortening
- Reversible LAFB or LPFB

- $K^+ = 6.5 \text{ to } 7.5 \text{ mEq/L}$

- 1° AV block
- Flattening and widening of the P wave
- QRS widening

- **K^+ > 7.5 mEq/L**
 - Disappearance of P waves, which may be caused by:
 - Sinus arrest, *or* “Sinoventricular conduction” (sinus impulses conducted to the ventricles via specialized atrial fibers *without* atrial depolarization)
 - LBBB, RBBB, or markedly widened and diffuse IVCD resembling a sine-wave pattern
 - ST segment elevation
 - Arrhythmias and conduction disturbances including VT, VF, idioventricular rhythm, asystole

An extremely wide QRS complex (>200 msec) with high-amplitude T waves (>10 mm) strongly suggests hyperkalemia.



Severe hyperkalemia with K^+ level = 8.9 mEq/L