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Hyperkalemic cardiac arrest successfully reversed by hemodialysis during cardiopulmonary resuscitation: case report.

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Abstract

Severe hyperkalemia is a potential life-threatening cardiac emergency especially in the patients who suffer from a defective renal capacity to excrete potassium such as the dialysis patient. Various conventional therapies including intravenous sodium bicarbonate, insulin with glucose and several beta-2 agonists are commonly employed as transient measures to enhance shift of potassium from the extracellular to the intracellular compartment. If the potassium load is massive and situation is critical, emergency hemodialysis may be useful. During cardiopulmonary resuscitation, the external cardiac compression can support adequate blood flow for hemodialysis. We report a case of a 68-year-old woman who developed sudden cardiac arrest secondary to hyperkalemia with renal insufficiency. Despite 100 minutes of cardiopulmonary resuscitation and conventional treatment for hyperkalemia, the cardiac arrest still persisted. Hemodialysis was then initiated during cardiopulmonary resuscitation and the patient restored spontaneous heart beat 20 minutes later. There was no neurologic sequela after her recovery. Hemodialysis should be considered early in the course of cardiopulmonary resuscitation in severe hyperkalemia induced cardiac arrest if conventional therapies were judged to be ineffective.

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