

LEARNING OBJECTIVES

7-5-22

PERFORMANCE GAP/ ACTIVITY NEED: Abnormal electrolyte values on laboratory testing are common, but true emergencies are relatively uncommon. Electrolyte emergencies manifestations range from vague and nonspecific to life-threatening. Language barriers may complicate obtaining a clear picture of the patient's symptoms. This lecture will help the learner determine how to consider these emergencies and the approach to their treatment. It will focus on the true emergencies--how they present, and how to diagnose and treat them. Treatment for hyperkalemia includes binding agents; some previously used are no longer recommended, and others used more commonly now may have little role in emergency care. It's important for physicians to be updated on changes in treatment of electrolyte emergencies [Source: DBirnbaumer, MD, 6/16/22, personal communication].

DESIRED OUTCOMES: At the end of the activity, attendees will be able to:

- describe the presentation of patients with hyperkalemia, hypokalemia, hypernatremia, hyponatremia, and hypercalcemia.
- discuss the emergency treatment options for patients with hyperkalemia, hypokalemia, hypernatremia, hyponatremia, and hypercalcemia.
- explain the reasoning behind using the patient's clinical presentation as the driver for treatment rather than the patient's laboratory finding.
- identify barriers to diagnosis of electrolyte emergencies, including language and implicit bias and the strategies for overcoming these barriers.

LEARNERS: emergency medicine specialists, nephrologists, endocrinologists, hospitalists, internists, general/family practitioners, pathologists

DESIRABLE PHYSICIAN ATTRIBUTE: provide patient-centered care, apply evidence-based practice, improved communication skills