

GUARDIAN-HK Recommendations

Duty of care

1. Reducing the risk of recurrence should be standard practice in the management of HK, **regardless of the setting**.
2. It is the **responsibility of all HCPs** to evaluate and address the risk of HK recurrence at **every clinical encounter**.
3. Every patient encounter should be an opportunity to **optimize RAASi therapy, even in the context of an HK event**.

Identifying patients at risk of HK recurrence

1. **Long-term conditions**, such as CKD, CVD, and T2D, and an associated reliance on disease-modifying therapy that interferes with potassium homeostasis should be considered **nonreversible causes of HK**.
2. In patients at risk of HK, a risk stratification tool for HK recurrence is required and could guide management.

Managing the risk of HK recurrence

1. The initial aim of management of HK should be to normalize serum potassium levels as needed and **correct reversible precipitating factors**.
2. If there is no acute reversible factor, **treatment to prevent recurrence** of HK should be initiated.
3. The risk of recurrence of HK should be reduced **without discontinuing or down-titrating disease-modifying therapies** such as RAASi.
4. Unless the cause of acute HK can be reversed, treatment for HK is likely to be indefinite

