

## A diagnosis based on the electrocardiogram before laboratory results were available

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The ECG showed a regular rhythm with a widened QRS complex, in a sine-wave pattern. There was a fusion of QRS-T and absence of P waves, suspicious for severe hyperkalaemia. His serum potassium level was 10.0 mmol/l (confirmed with an arterial blood gas analysis) with a metabolic acidosis (pH 7.09, bicarbonate 11 mmol/l, pCO<sub>2</sub> 4.8 kPa) and acute kidney failure (creatinine level of 363 µmol/l). The hyperkalaemia was treated with calcium gluconate, insulin and glucose intravenously. We admitted the patient to the intensive care unit to start continuous venovenous haemofil-

tration. With normalisation of his potassium level, the ECG proved to be normal. His hyperkalaemia was thought to be secondary to (pre-renal) kidney failure by dehydration and the use of perindopril.

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