**Online data supplement: Telephone survey**

Gender: male / female Age: years

City (department) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)

ED in city: yes/no Analysis laboratory in city: yes/no

Easy access to cardiologist: yes/no Easy access to nephrologist: yes/no

Do you have an ECG device: yes/no

**Hyperkalaemia**

1. **Definitions**
   1. *For you*, what is the biological threshold above which we can speak of hyperkalaemia?

Greater or equal to \_\_\_\_\_\_ mmol/l

* 1. *For you*, what is the biological threshold of hyperkalaemia over which you undertake specific management (treatment, other...)?

Greater or equal to \_\_\_\_\_\_ mmol/l

* 1. *For you*, what is the biological threshold of hyperkalaemia over which you perform an ECG?

Greater or equal to \_\_\_\_\_\_ mmol/l

* 1. *For you*, what is the biological threshold of hyperkalaemia over which you refer the patient to the ED ?

Greater or equal to \_\_\_\_\_\_ mmol/l

1. **Management (open questions)**

2.1 In the presence of hyperkalaemia at a threshold defined in (QUESTION 1.2 to QUESTION 1.4) in a patient with CKD, what is your approach?

2.2. And if this patient has HF, what is your approach?

2.3. In a patient with HF and CKD, under aldosterone antagonist (MRA) (Aldactone©-spironolactone or Inspra©-éplerenone) treatment, what is your approach in the presence of hyperkalaemia at a threshold defined in QUESTION 1.2 to QUESTION 1.4?

2.4 After resolution of hyperkalaemia, what is your approach towards these drugs (Aldactone©-spironolactone or Inspra©-éplerenone)?

* 1. In the presence of hyperkalaemia at a threshold defined in QUESTION 1.2 to QUESTION 1.4, what is your approach in a patient under renin-angiotensin system inhibitor treatment (ACEi/ ARBs))?
  2. After resolution of hyperkalaemia, what is your approach towards these drugs (ACEi/ ARBs)?

**Hypokalaemia**

1. **Definitions**
   1. *For you*, what is the biological threshold above which we can speak of hypokalaemia?

Lower or equal to \_\_\_\_\_\_ mmol/l

* 1. *For you*, what is the biological threshold of hypokalaemia over which you undertake specific management (treatment, other...)?

Lower or equal to \_\_\_\_\_\_ mmol/l

* 1. *For you*, what is the biological threshold of hypokalaemia over which you perform an ECG?

Lower or equal to \_\_\_\_\_\_ mmol/l

* 1. *For you*, what is the biological threshold of hypokalaemia over which you refer the patient to the ED?

Lower or equal to \_\_\_\_\_\_ mmol/l

1. **Management (open questions)**
   1. In the presence of hypokalaemia at a threshold defined in QUESTION 1.2 to QUESTION 1.4, in mmol in a patient with CKD, what is your approach?

2.2. And if this patient has HF, what is your approach?

2.3. In a patient with HF and CKD, under aldosterone antagonist (MRA) (Aldactone©-spironolactone or Inspra©-éplerenone) treatment, is your approach in the presence of hypokalaemia at a threashold defined in QUESTION 1.2 to QUESTION 1.4, in mmol?

2.4 After resolution of hypokalaemia, what is your approach towards these drugs (Aldactone©-spironolactone or Inspra©-éplerenone)?

2.5 In the presence of hypokalaemia at a threshold defined in QUESTION 1.2 to QUESTION 1.4, what is your approach in a patient under renin-angiotensin system inhibitor treatment (ACEi/ ARBs))?

2.6 After resolution of hypokalaemia, what is your approach towards these drugs (ACEi/ ARBs)?