Online data supplement: Telephone survey		
<u>Gender</u>	der: male / female Age:	years
City (de	(department):()	
ED in ci	<u>Analysis laboratory in city: yes/no</u>	
Easy ac	access to cardiologist: yes/no Easy access to nephrologist: yes	es/no
Do you	ou have an ECG device: <u>yes/no</u>	
Hyperk	erkalaemia	
1.	<ul><li>Definitions</li><li>1.1 For you, what is the biological threshold above which we defined an adventure of the biological threshold above which we defined a supplied that the biological threshold above which we defined a supplied threshold above which we defined the biological threshold above which we defined the biological threshold above which we defined the biological threshold above which we define the biological threshold above the biological t</li></ul>	an speak of hyperkalaemia?
Greate	ter or equal to mmol/l	
	1.2 For you, what is the biological threshold of hyperkalaer specific management (treatment, other)?	mia over which you undertake
Greate	ter or equal to mmol/I	
	1.3 For you, what is the biological threshold of hyperkalaem ECG?	nia over which you perform an
Greate	ter or equal to mmol/l	
	1.4 For you, what is the biological threshold of hyperkalae patient to the ED?	mia over which you refer the
Greate	ter or equal to mmol/l	
2.	<ul><li>2. Management (open questions)</li><li>2.1 In the presence of hyperkalaemia at a threshold defined 1.4) in a patient with CKD, what is your approach?</li></ul>	n (QUESTION 1.2 to QUESTION
	2.2. And if this patient has HF, what is your approach?	
	2.3. In a patient with HF and CKD, under aldosterone as spironolactone or Inspra©-éplerenone) treatment, what is you hyperkalaemia at a threshold defined in QUESTION 1.2 to QUE	ur approach in the presence of

2.4 After resolution of hyperkalaemia, what is your approach towards these drugs

(Aldactone©-spironolactone or Inspra©-éplerenone)?

- 2.5 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))?
- 2.6 After resolution of hyperkalaemia, what is your approach towards these drugs (ACEi/ ARBs)?

## Hypokalaemia

1 Dof	initions

1.1 For you, what is the biological threshold above which we can speak of hypokalaemia?
Lower or equal to mmol/l
1.2 For you, what is the biological threshold of hypokalaemia over which you undertake specific management (treatment, other)?
Lower or equal to mmol/l
1.3 For you, what is the biological threshold of hypokalaemia over which you perform an ECG?
Lower or equal to mmol/l
1.4 For you, what is the biological threshold of hypokalaemia over which you refer the patient to the ED?
Lower or equal to mmol/l

## 2 Management (open questions)

- 2.1 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)?