

## **Potassium Chloride**

The following pre-mixed potassium chloride solutions are available for use in CUH and should be used where possible. Ampoules should **ONLY** be used when there is no alternative available.

<b>Form:</b>	Pre-mixed bags (use whenever possible)		
	Fluid	Potassium Chloride Content	Volume
	Sodium Chloride 0.9%	20mmol	500ml
	Sodium Chloride 0.9%	20mmol	1000ml
	Sodium Chloride 0.9%	40mmol	1000ml
	Glucose 5%	20mmol	1000ml
	Sodium Chloride 0.18% & Glucose 4%	20mmol	500ml
	Sodium Chloride 0.18% & Glucose 4%	20mmol	1000ml
	Potassium Chloride strong: 20mmol potassium and chloride per 10ml ampoule (Use premixed bags whenever possible)		
<b>Reconstitution:</b>	Premixed bags: Already in Solution Ampoules: Already in solution. <b>MUST be further diluted before administration.</b> Bolus injection can be <u>fatal</u> .		
<b>Administration Method:</b>	<b><u>IV Infusion ONLY</u></b> Concentration: Usual maximum concentration is 40mmol potassium in 1L.  Rate: Rate control is essential. Administer using a rate-controlled infusion pump. Usual maximum infusion rate is 10mmol potassium per hour. If cardiac monitoring is in situ, rate can be increased to 20mmol per hour. DO NOT EXCEED a rate of 20mmol per hour due to risk of asystole.  All potassium infusions must be thoroughly mixed before administration. If adding concentrated potassium to an infusion bag, it is essential to ensure careful and thorough mixing by inverting repeatedly as the potassium chloride solution is 'heavier' than the infusion fluid.		
<b>Extravasation</b>	Extravasation may cause tissue damage due to high osmolarity (more likely with higher concentrations). Administer via central venous access device or large peripheral vein. Because of risk of thrombophlebitis, solutions containing >30mmol/L should be given via the largest vein available.		
<b>Compatibility &amp; Stability:</b>	Sodium Chloride 0.9% Glucose 5% (may cause a decrease in the plasma-potassium concentration)		
<b>Special Notes:</b>	<ul style="list-style-type: none"> <li>• Cardiac monitoring required when: 1) rate of potassium &gt;10mmol per hour, 2) serum potassium ≤2.5mmol/L.</li> <li>• Baseline ECG required if serum potassium &lt; 3mmol/L.</li> <li>• Higher rates and concentrations may be used in ITU with increased monitoring. REFER TO ITU FOR GUIDANCE</li> <li>• Concentrated potassium solutions (potassium &gt; 40mmol/500ml) and ampoules must be stored in the Controlled Drugs cupboard.</li> </ul>		

*This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542*