

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.

CAUTION: High Administration Risk Rating																							
Form & Storage	<p>Pre-mixed bags (use whenever possible)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0f2f7;">Fluid</th> <th style="background-color: #e0f2f7;">Potassium Chloride Content</th> <th style="background-color: #e0f2f7;">Volume</th> </tr> </thead> <tbody> <tr> <td>Sodium Chloride 0.9%</td> <td>20mmol</td> <td>500mL</td> </tr> <tr> <td>Sodium Chloride 0.9%</td> <td>20mmol</td> <td>1000mL</td> </tr> <tr> <td>Sodium Chloride 0.9%</td> <td>40mmol</td> <td>1000mL</td> </tr> <tr> <td>Glucose 5%</td> <td>20mmol</td> <td>1000mL</td> </tr> <tr> <td>Sodium Chloride 0.18% & Glucose 4%</td> <td>20mmol</td> <td>500mL</td> </tr> <tr> <td>Sodium Chloride 0.18% & Glucose 4%</td> <td>20mmol</td> <td>1000mL</td> </tr> </tbody> </table> <p>Potassium Chloride strong ampoules containing 2mmol potassium and 2mmol chloride per ml (20mmol potassium and 20mmol chloride per 10mL ampoule) Use premixed bags whenever possible</p>	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	<p>Concentrated potassium ampoules must be stored in the Controlled Drug press.</p>
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Reconstitution	<p>Premixed bags: Already in Solution</p> <p>Ampoules: Already in solution. MUST be further diluted before administration. Bolus injection can be fatal.</p>																						
Compatibility & Stability	<p>Sodium Chloride 0.9%</p> <p>Glucose 5% (may cause a decrease in the plasma-potassium concentration)</p>																						
Administration	<p>IV Infusion ONLY</p> <p>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.</p> <ul style="list-style-type: none"> • Administer via central venous access device or large peripheral vein. • Concentration: Maximum concentration is 40mmol potassium in 1L. • Rate: <ul style="list-style-type: none"> ○ 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. 																						
Monitoring	<ul style="list-style-type: none"> • Cardiac monitoring required when: 1) rate of potassium >10mmol per hour, 2) serum potassium ≤2.5mmol/L. • Baseline ECG required if serum potassium < 3mmol/L. 																						
Extravasation	<p>Because of risk of thrombophlebitis, solutions containing >30mmol/L should be given via the largest vein available.</p>																						
Additional Information	<p>Higher rates and concentrations may be used in ITU with increased monitoring. REFER TO ITU FOR GUIDANCE.</p>																						

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