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

Pre-mixed bags (use whenever possible)

Potassium Chloride Content	Volume	Fluid	Code
20mmol	500mL	**Sodium Chloride 0.9%**	FE1983
20mmol	1000mL	**Sodium Chloride 0.9%**	FKE1764
40mmol	1000mL	**Sodium Chloride 0.9%**	FKE1984
20mmol	500mL	**Glucose 5%**	FE1263
20mmol	1000mL	**Glucose 5%**	FK
40mmol	1000mL	**Glucose 5%**	FK
20mmol	500mL	**Sodium Chloride 0.18% & Glucose 4%**	FE1723J
20mmol	1000mL	**Sodium Chloride 0.18% & Glucose 4%**	FE1704
40mmol	500mL	**Sodium Chloride 0.9%**	FK

For fluid restricted patients only –
Order from Pharmacy on Potassium Chloride Ordering Form

Store bags at room temperature. Segregate bags from other stock

Ampoules: Potassium Chloride 15% w/v strong ampoules containing 2mmol potassium and 2mmol chloride per ml (20mmol potassium and 20mmol chloride per 10mL ampoule)
Order from Pharmacy on Potassium Chloride Ordering Form

Use premixed bags whenever possible

Concentrated potassium ampoules must be stored in the Controlled Drug press.

Reconstitution

Premixed bags: Already in Solution
Ampoules: Already in solution.
MUST be further diluted before administration. Bolus injection can be **fatal**.

Compatibility & Stability

Sodium Chloride 0.9%
Glucose 5% (may cause a decrease in the plasma-potassium concentration)

Administration

IV Infusion ONLY

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 to avoid inadvertent administration of a toxic bolus. Potassium chloride solution is 'heavier' than the infusion fluid.

- Administer via central venous access device or large peripheral vein.
- Concentration: Maximum concentration is 40mmol potassium in 1L.
  Fluid Restricted patients: Max conc 40mmol in 500mL
- 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.

Monitoring

- Cardiac monitoring required when: 1) rate of potassium >10mmol per hour,

  2) serum potassium ≤2.5mmol/L.

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

	• Baseline ECG required if serum potassium < 3mmol/L.
Extravasation	Because of risk of thrombophlebitis, solutions containing >30mmol/L should be given via the largest vein available.
Additional Information	• Higher rates and concentrations may be used in ITU with increased monitoring. REFER TO ITU FOR GUIDANCE. • See CUH Guidelines for the Management of HypoKALAEMIA in Adults • Use **Potassium Chloride ordering Form** to order -Potassium Chloride 40mmol in 500mL Sodium Chloride 0.9% (fluid restricted patients) -Concentrated Potassium Chloride (20mmol/10mL) ampoules for Potassium Chloride infusion not available in required concentration.

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