



ADULT



POTASSIUM CHLORIDE

This document should be read in conjunction with this [DISCLAIMER](#)

HIGH RISK Medication 

<p>Presentation</p>	<p>Slow Release Tablet: 600mg (8mmol Potassium) Effervescent Tablet: 548mg (14mmol Potassium) Oral Mixture: 10% (20mmol Potassium in 15mL) Ampoule: 10mmol/10mL IV Bag: 20mmol in 0.9% sodium chloride, 1000mL IV Bag: 20mmol in Glucose 4% & Sodium Chloride 0.18%, 1000mL IV Mini-Bag: 10mmol in 0.29% sodium chloride, 100mL</p>
<p>Dose</p>	<p><u>Replacement therapy</u></p> <p>Oral (slow release tablet): 1200-3600mg daily, in divided doses. Base initial dose on estimated potassium deficiency and adjust dose according to response.</p> <p>Oral (effervescent tablet): 1-2 tablets, 2-3 times per day. Base initial dose on estimated potassium deficiency and adjust dose according to response.</p> <p>IV infusion: See WA Policy for use of IV Potassium Chloride</p> <p><u>Management of Diabetic ketoacidosis</u></p> <p>IV infusion: See KEMH Diabetic ketoacidosis (DKA) management</p>
<p>Administration</p>	<p><u>Oral:</u></p> <p>Slow release tablets: Swallow whole, with or immediately after food</p> <p>Effervescent tablets: Dissolve in a glass of cold water, take with or immediately after food</p> <p>Oral liquid: Take with or immediately after food</p> <p><u>IV Injection:</u> Contraindicated. Must be diluted and mixed well (inverted and least 10 times and agitated and/or kneaded) before use.</p>

	<p><u>IV Infusion:</u></p> <p>Use pre-mixed bags if possible.</p> <p>Maximum rate 10mmol/hour via peripheral line. Maximum concentration 40mmol/L via peripheral line (except when using the 10mmol/100mL bag).</p> <p>Higher doses or faster rates should be infused via a central line (CVC) using 10mmol/100mL bags and patient should have continuous ECG monitoring.</p>
Pregnancy	<p>1st Trimester: Considered safe to use</p> <p>2nd Trimester: Considered safe to use</p> <p>3rd Trimester: Considered safe to use</p>
Breastfeeding	Considered safe to use
Monitoring	<p>Monitor serum Potassium concentration frequently and fluid balance if giving large volumes.</p> <p>Continuous ECG monitoring is required for high doses or faster infusion rates.</p> <p>Whole wax core of tablet may be passed in bowel motions.</p>
Clinical Guidelines and Policies	<p>WA Policy for use of IV Potassium Chloride</p> <p>Diabetic ketoacidosis (DKA) management</p> <p>Intrapartum Management of Type 1 Diabetes Mellitus – Includes Planning for Induction of Labour/Caesarean Section</p>
References	<p>Therapeutic Guidelines. Endocrine: Electrolyte abnormalities. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2017 [cited 2017 Nov 10]. Available from: https://tgldcdp.tg.org.au</p> <p>MIMS Australia. Slow-K. In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2016 [cited 2017 Nov 9]. Available from: https://www.mimsonline.com.au</p> <p>MIMS Australia. Chlorvescent. In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2016 [cited 2017 Nov 10]. Available from: https://www.mimsonline.com.au</p> <p>Society of Hospital Pharmacists of Australia. Potassium chloride. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2017 [cited 2017 Nov 9]. Available from: http://aidh.hcn.com.au</p> <p>Briggs GC, Freeman RK. Potassium chloride. In: Drugs in pregnancy and lactation: a reference guide to fetal and neonatal risk [Internet]. 10th ed. Philadelphia (PA): Lippincott Williams & Wilkins; 2015 [cited 2017 Nov 9]. Available from: Books@OVID</p>

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