Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

| ADULT MEDICATION GUIDELINE | |
|---|---|
| **Potassium Chloride** | |
| **Scope (Staff):** | All WNHS Staff |
| **Scope (Area):** | Obstetrics and Gynaecology |
| **This document should be read in conjunction with the Disclaimer.** | |

## Quick Links


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|---|---|---|---|
| Dose | Administration | Monitoring | Pregnancy and Breastfeeding |


## Restrictions

**Formulary: Unrestricted**

HIGH RISK Medication ⚠

Preparation and administration errors including rapid administration of intravenous potassium can be fatal.

## Medication Class

Electrolyte

## Presentation

**Slow Release Tablet:** 600mg (8mmol Potassium)

**Effervescent Tablet:** 548mg (14mmol Potassium)

**Oral Mixture:** 10% (20mmol Potassium per 15mL)

**Ampoule:** 10mmol/10mL

**IV Mini-Bag:** 10mmol in 0.29% sodium chloride 100mL, isotonic

**IV Bag**: 20mmol in 0.9% sodium chloride 1000mL, isotonic

**IV Bag:** 20mmol in glucose 4% sodium chloride 0.18% 1000mL, isotonic

## Storage

Store at room temperature, below 25°C

## Dose

**Replacement Therapy**

**Oral (slow-release tablet):** 600 – 1200 mg (1 – 2 tablets) two to three times daily. Base initial dose on estimated potassium deficiency and adjust dose according to response.

**Oral (effervescent tablet):** 548 – 1096 mg (1 – 2 tablets), two to three times per day. Base initial dose on estimated potassium deficiency and adjust dose according to response.

**Oral (10% mixture)**: 15 – 30 mL, one to three times daily. Base initial dose on estimated potassium deficiency and adjust dose according to response.

**IV infusion:** All IV potassium must be prescribed in millioles (mmol). See WA Policy of use of IV Potassium Chloride

See NHMS SCGHOPHCG Medication Management Guideline: Hypokalaemia

**Management of Diabetic Ketoacidosis**

**IV infusion:**

See KEMH Diabetes in Obstetrics and Gynaecology

## Administration

**Oral**

***Slow release tablets*:** Swallow whole, with or immediately after food.

***Effervescent tablets:*** Dissolve in a glass of cold water; take with or immediately after food.

***Oral mixture:*** Take with or immediately after food.

**IV injection: Contraindicated**

**IV Infusion:**

Use pre-mixed bags whenever possible.

Non-standard IV potassium is only permitted in exceptional circumstances or when the patient is admitted to ASCU. If required, the name of the consultant approving the order must be clearly documented on the IV fluid chart. Bags must be mixed well (inverted at least 10 times and

agitated and/or kneaded) before use.

***Maximum rate:*** 10mmol/hour via peripheral line

***Maximum concentration:*** 40mmol/L via peripheral line (except when using isotonic 10mmol in 100mL 0.29% NaCl bag which is suitable for peripheral infusion)

High does or faster rates should only be infused via a central line (CVC) using 10mmol/100mL bags and patient should have continuous ECG monitoring. For more information, see NMHS SCGHOPHCG Potassium Supplementation - Intravenous

## Monitoring

Monitor serum potassium concentration frequently and fluid balance if giving large volumes.

Monitor U&Es, magnesium and glucose if necessary.

Plasma magnesium – if level is low, the ability to retain potassium will be compromised

Continuous ECG monitoring is required for high doses or faster infusion rates.

## Pregnancy

**1st Trimester:** Considered safe to use

**2nd Trimester:** Considered safe to use

**3rd Trimester:** Considered safe to use

## Breastfeeding

Considered safe to use

## Comments

Extra potassium must not be added to pre-mixed solutions containing potassium.

Potassium chloride ampoules must not be added to an infusion bag once it has been hung for administration**.**

Potassium chloride ampoules must not be borrowed from other areas of the hospital unless on the explicit direction of a pharmacist (e.g. after hours via the on-call pharmacist)

Whole wax core of SR tablet may be passed in bowel motions.

## Related Policies, Procedures & Guidelines

**HDWA Mandatory Policies:**

WA Policy for use of IV Potassium Chloride

**NMHS Policies:**

NMHS SCGHOPHCG Potassium Supplementation – Intravenous

NHMS SCGHOPHCG Potassium Supplementation – Oral

**WNHS Policies:**

High Risk Medicines

**WNHS Clinical Practice Guidelines:**

Diabetes in Obstetrics and Gynaecology

**WNHS Pharmaceutical and Medicines Management Guidelines:**

Medication Administration

## References

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