



ADULT Medication Monograph

POTASSIUM CHLORIDE

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

[Formulary: Unrestricted](#)




HIGH RISK Medication 

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

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| Class | Electrolytes |
| Presentation | <p>Slow Release Tablet: 600mg (8mmol Potassium) Effervescent Tablet: 548mg (14mmol Potassium) Oral Mixture: 10% (20mmol Potassium in 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 IV Bag: 40mmol in 3.96% glucose 1000mL, isotonic</p> |
| Storage | Store at room temperature, below 25°C |
| Dose | <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: All IV potassium must be prescribed in millimoles (mmol). See WA Policy for use of IV Potassium Chloride</p> <p>See NMHS Medication Management Guideline: Hypokalaemia</p> <p><u>Management of Diabetic ketoacidosis</u></p> <p>IV infusion: See KEMH Diabetic ketoacidosis (DKA) management</p> |

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| <p>Administration</p> | <p><u>Oral:</u></p> <p><i>Slow release tablets:</i> Swallow whole, with or immediately after food</p> <p><i>Effervescent tablets:</i> Dissolve in a glass of cold water; take with or immediately after food.</p> <p><i>Oral liquid:</i> Take with or immediately after food</p> <p><u>IV injection:</u> Contraindicated.</p> <p><u>IV Infusion:</u></p> <p>Use pre-mixed bags whenever possible.</p> <p>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 documented on the IV fluid chart. Bags must be mixed well (inverted at least 10 times and agitated and/or kneaded) before use.</p> <p>Maximum rate: 10mmol/hour via peripheral line.</p> <p>Maximum concentration: 40mmol/L via peripheral line. (Except when using isotonic 10mmol in 100mL 0.29% NaCl bag which is suitable for peripheral infusion)</p> <p>Higher doses 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 SCGH Potassium Supplements - Intravenous</p> |
| <p>Comments</p> | <p>Extra potassium must not be added to pre-mixed solutions containing potassium.</p> <p>Potassium chloride ampoules must not be added to an infusion bag once it has been hung for administration.</p> <p>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)</p> |
| <p>Monitoring</p> | <p>Monitor serum Potassium concentration frequently and fluid balance if giving large volumes.</p> <p>Monitor U&Es, bicarbonate, chloride and glucose if necessary.</p> <p>Plasma magnesium – if level is low, the ability to retain potassium will be compromised.</p> <p>Continuous ECG monitoring is required for high doses or faster infusion rates.</p> <p>Whole wax core of SR tablet may be passed in bowel motions.</p> |

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| 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 |
| Clinical Guidelines and Policies | <p>HDWA Policies: WA Policy for use of IV Potassium Chloride</p> <p>NMHS Policies: Medication Administration NMHS SCGH Potassium Supplements - Intravenous Medication Management Guideline: Hypokalaemia</p> <p>WNHS Policies: High Risk Medicines</p> <p>KEMH Clinical Guidelines: Diabetic ketoacidosis (DKA) management</p> <p>KEMH Pharmaceutical & Medicines Management Guidelines: Medication Administration</p> |
| References | <p>Therapeutic Guidelines. Endocrine: Electrolyte abnormalities. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2020 [cited 2020 Apr 9]. Available from: https://tgldcdp.tg.org.au</p> <p>MIMS Australia. Slow-K and Chlorvescent. In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2020 [cited 2020 Apr 9]. 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; 2020 [cited 2020 Apr 9]. Available from: http://aidh.hcn.com.au</p> <p>The Royal Women's Hospital. Potassium. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2016 [cited 2020 Apr 16]. Available from: https://thewomenspbmg.org.au/</p> |

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