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

ADULT MEDICATION GUIDELINE	
Sodium Resonium	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Unrestricted (Sodium Resonium)

Medication Class

Cation exchange resins

Presentation

Sodium polystyrene sulfonate

Powder: 454g (1g of resin exchanges about 1mmol of potassium)

Storage

Store at room temperature, below 25°C

Dose

Hyperkalaemia

Oral:

15g, as a suspension or paste, three to four times daily.

Rectal:

30 – 50g as a daily enema

Administration

Oral

Mix with 3 – 4 mL of water per gram of resin (usually 15 g in 50 – 100 mL for adults). Do not mix with fruit juices (due to high potassium content) or sorbitol (risk of colonic necrosis). Can be given with a bit of jam or honey.

Administer at least 3 hours before or 3 hours after other oral medication.

Suspensions should be freshly prepared; do not store > 24 hours.

Route

Mix with 5 mL water or glucose 10% solution per gram of resin (usually 30 g in 100 – 150 mL for adults). Retention may be more difficult with water. Remain enema for as long as possible (for at least 9 hours) and follow with colonic irrigation to ensure complete removal of the resin.

Monitoring

Clinical effect takes several hours at least; in an emergency, other measures must be used.

Monitor potassium concentration during treatment and adjust dose if necessary. Monitor other electrolytes regularly as resin does not only exchange sodium/calcium.

Initially, both oral and rectal routes may be used to reduce potassium concentration more rapidly.

Mild laxatives may be used to treat or prevent constipation; do not use sorbitol or magnesium-containing laxatives; stop treatment if significant constipation occurs.

Pregnancy

1st Trimester: Considered safe to use

2nd Trimester: Considered safe to use

3rd Trimester: Considered safe to use

As the medicine is not absorbed from the gastrointestinal tract, short term use of polystyrene sulfonate resins is considered safe to use in pregnancy if it is the medicine of choice. Monitoring of maternal potassium, calcium, sodium and magnesium levels is required during therapy. If the medicine is used near the time of delivery, monitoring of neonatal potassium levels may also be required.

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Considered safe to use.

As the medicine is not absorbed from the gastrointestinal tract, short term use of polystyrene sulfonate resins is considered safe to use in breastfeeding if it is the medicine of choice. Monitoring of infant potassium levels may be required.

For more information, please contact KEMH Obstetric Medicines Information Service.

Comments

Sodium resonium is preferred unless hypernatremia is also present. Consider using Calcium resonium in patients with hypernatremia (same dosing).

Contraindicated in bowel obstruction or ileus.

Related Policies, Procedures & Guidelines

NHMS Policies:

NHMS SCGHOPHCG Hyperkalaemia – Acute management

References

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