

HNE AREA Intensive Care

Approved For: JHH and CMN ICU's and JHH HDU

POTASSIUM CHLORIDE

Trade Name: POTASSIUM CHLORIDE FOR INJECTION

Presentation: 10mmol KCl per 10ml amp

Indications: Treatment of Hypokalaemia

Administration: **Peripheral lines:** Maximum concentration 60mmol/L (anything more than this may cause pain and thrombophlebitis or tissue necrosis if IV leaks) Maximum rate: 20mmol/hour

Central Lines: Maximum concentration 1mmol/ml KCl (order should state: e.g. 50mmol KCL in 50ml solution or e.g. 25mmol KCL made up to 50ml with saline). Concentrations greater than 60mmol/L must be delivered via a syringe driver. Rate 10 to 30mmol/hr (ICU and HDU only). High rate infusions should be the sole infusion in a line.

[Potassium Chloride infusion on wards](#) GNS policy

Dose

Precautions **All orders must clearly state concentration, delivery rate and route of administration i.e. via peripheral OR central line.**

ECG monitoring mandatory if potassium infusion 10 or more mmol/hr.

Plasma concentrations must be closely monitored (ABG)

Symptoms of Potassium intoxication include paraesthesia, flaccid paralysis, listlessness, confusion, hypotension, cardiac arrhythmias. ECG abnormalities: disappearance of P wave, widening QRS, tall peaked T waves

Compatibilities: **Fluids:** saline, Hartmann's, glucose

Compatible drugs: amiodarone, erythromycin lactobionate, flucloxacillin, frusemide, hydrocortisone, ranitidine

Incompatible drugs: Adrenaline, amoxicillin, cephalothin, diazepam, methylprednisolone, phenytoin, suxamethonium, thiopentone

Created: 01-Aug-98 by Dr M Rowley Reviewed: 01-Jan-05 by Dr Rowley and Dr Ellem Guideline to be reviewed before : 01-Nov-09
These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines