

# HNE AREA Intensive Care

## Paediatric Drug infusion Guideline

Approved For: JHH ICU only

### POTASSIUM CHLORIDE

**Trade Name:**

**Presentation:**

**Indications:** Treatment of Hypokalaemia

**Administration:** Usual replacement rate :0.2 mmol/kg/hr

**Emergency maximum rate:** 0.4 mmol/kg/hr or 20mmol/hr

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

**Central Lines:** Maximum concentration 1mmol/ml KCl (order should state: e.g. 50 mmol KCl in 50ml solution). Concentrations greater than 60 mmol/L must be delivered via a syringe driver. Rate maximum 0.4 mmol/kg/hr (ICU and HDU only). High concentration infusions should be the sole infusion in a line (**infusion rate maximum = weight x 0.4 mls/hr of 1mmol/ml solution**)

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

**Dose**

**Precautions** ECG monitoring mandatory if potassium infusion greater than 0.2mmol/kg/hr.

Plasma concentrations should be closely monitored

**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:** **Compatible. Fluids:** saline, Hartmann's, glucose

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

**Incompatible drugs:** Adrenaline, amoxycillin, cephalothin, diazepam, methylprednisolone, phenytoin, suxamethonium, thiopentone

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Created: 01-Aug-98 by Dr M Rowley Reviewed: 01-Jul-08 by Dr M Rowley Guideline to be reviewed before : 01-Jun-11  
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