NEWBORN USE ONLY
GIVEN ON DOCTORS ORDER ONLY

POTASSIUM CHLORIDE

USE
1. Maintenance potassium therapy
2. Correct hypokalemia

PRESENTATION
IV 10mmol/10mls ampoule (750mg/10ml)
ORAL 20mmol/15mls solution (1.33mmol/ml)

ROUTE
IV infusion  Never give it as an IV bolus!
Oral

DOSE
1. ASYMPPTOMATIC HYPOKALEMIA 2-4mmol/kg/day diluted in
24-hr maintenance IV infusion or divided into oral feeds.

Maximum concentration in the infusion should not exceed 4mmol/100ml for
peripheral and 8mmol/100ml for central venous infusions.
MAXIMUM INFUSION RATE IS 0.4MMOL/KG/HR

2. ACUTE SYMPTOMATIC HYPOKALEMIA 0.5-1mmol/kg IV
over 1 hour, then reassess. The suggested regime is to dilute 0.5–
1mmol/kg of potassium in a 6-8 hour volume of maintenance infusion
and administer over 1 hour.
Only under consultant’s guidance!

MONITORING
Continuous ECG monitoring is mandatory during acute treatment of
hypokalemia with concentrated IV potassium (infants receiving
≥0.4mmol/kg/hr). Observe serum electrolytes.

ADVERSE EFFECT
1. Rapid IV infusions may cause arrhythmias including cardiac arrest.
2. Concentrated solutions through peripheral IV can cause
thrombophlebitis and pain at injection site.
3. GI irritation, diarrhoea, vomiting and bleeding may occur with oral
supplements.
4. CAUTION when patient is on potassium sparing diuretics.

INCOMPATIBILITY
amphotericin B, diazepam, phenytoin.

REFERENCE
USA, 2002, p 198.