

CLINICAL POLICIES AND PROCEDURES

**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. ASYMPTOMATIC 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 6-8hour 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 ≥ 0.4 mmol/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

Cloherly JP et al. Manual of Neonatal Care. 4th ed. 1998. P730-1.

Young TE, Mangum B; Neofax: A Manual of drugs used in neonatal care, ed 14. Raleigh, North Carolina: Acorn Publishing, USA, 2002, p 198.