KCl + K-Sparing Diuretics

Potassium chloride (KCl) can increase the risk of hyperkalemia when combined with potassium-sparing (K-sparing) diuretics. Hyperkalemia can cause fatigue, weakness, paralysis, and potentially fatal arrhythmias.

Was a K concentration measured within 48 hours?	Yes						No
Was the K concentration < 4.5 meq?	Yes					No	
Is patient also taking: - ACEi or ARB	Yes	No					
Is the patient's CrCl <30 mL/hr?		Yes or Missing CrCl	No				
Is the patient's KCl dose ≥ 80 meq/day?			Yes	No			
Does the patient have the following risk factor: - diabetes				Yes	No		
Not likely to increase risk of hyperkalemia					○		
Possible increased risk of hyperkalemia							■[1]
Substantially increased risk of hyperkalemia	◆[1]	◆[1]	◆[1]	◆[1]		◆[1]	

○ = No special precautions. ■ = Assess risk and take action if necessary. ◆ = Use only if benefit outweighs risk

Footnotes:

1. A number of factors have been associated with an increased risk of hyperkalemia. These include impaired renal function, diabetes mellitus, infrequent serum potassium monitoring, baseline serum potassium level, angiotensin converting enzyme inhibitors (ACEIs), angiotensin receptor blockers (ARBs). (Henz S et al. Nephrol Dial Transplant 2008;23:3939-45; Eschmann E etal. Eur J Clin Pharmacol. 2014;70:215-23; Indermitte J et al. Drug Safety. 2007;30:71-80.)

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