**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.)