Critical Care Guidelines FOR CRITICAL CARE USE ONLY



POTASSIUM

PRESENTATION:

Ampoules containing potassium chloride 15%; 2mmol of potassium per ml.

Pre-prepared bags:

- Glucose 5% with potassium chloride 20mmol in 500ml
- Sodium chloride 0.9% with potassium chloride 20mmol in 500ml
- Glucose 5% with potassium chloride 40mmol in 500ml
- Sodium chloride 0.9% with potassium chloride 40mmol in 500ml
- Potassium chloride 0.3%, glucose 4%, sodium chloride 0.18% in 1000ml (0.3% equals 40mmol potassium/litre)

INDICATION: Potassium replacement

DOSE AND ADMINISTRATION:

ICU STANDARD INFUSION Peripheral administration:

 Use pre-prepared bags with a maximum concentration of 40mmol/l of potassium, except in emergencies only when 40mmol in 500ml can be administered. Infuse through a large peripheral vein. Monitor for pain or phlebitis, particularly at higher concentrations.

Central administration:

- 20mmol in 100ml glucose 5% or sodium chloride 0.9%
- 40mmol in 100ml glucose 5% or sodium chloride 0.9%

Rates of administration:

No ECG monitoring: 10mmol/hour.

ECG monitoring: 20mmol/hour or if infusion concentration is

80mmol/I or higher.

Maximum infusion rate: 20mmol/hour.

CONCENTRATION:

Maximum concentrations:

Peripheral administration:

20mmol in 500ml, except in emergencies only when 40mmol in

500ml can be administered through a large peripheral vein.

Central administration:

0.4mmol/ml, except in severe hypokalaemia where more concentrated potassium may be given (i.e. 60mmol in 100ml glucose

5% or sodium chloride 0.9%).

STABILITY:

Physically and chemically stable for 24 hours at room temperature.

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