# REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

## potassium phosphate

HIGH ALERT DOUBLE CHECK

| **Effective Date:** Dec 2012<br><br>**Revised Date:** January 2024 | CLASSIFICATION<br>**Electrolyte** | OTHER NAMES | PAGE<br><br>1 of 1 |
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**ADMINISTRATION POLICY:**

IV Infusion - Maybe be administered by a nurse

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

Solutions will be prepared by Pharmacy during regular pharmacy hours. Nursing can prepare after pharmacy hours. All $KP0_4$ infusions must be controlled by an infusion pump. Use programming mode "volume/time"

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| **Large Volume:** | 15 mmol phosphorus (also contains 22 mmol potassium) in 250 mL D5W<br>OR<br>30 mmol phosphorus (also contains 44 mmol potassium) in 500 mL D5W |
| **Small Volume:** | (central venous access use only): 15 mmol phosphorus/100 mL D5W |
| **IV Infusion:** | Administer 15 or 30 mmol phosphorus in 250 to 500 mL D5W over 4 to 6 hours. |
| **Maximum rate:** | 15 mmol phosphorus over 1 hour (contains 22 mmol K+) - **Note: IV potassium from all sources greater than 15 mmol/hour requires cardiac monitoring.** |
| **Maximum concentration:** | 15 mmol phosphorus/100 mL (central);<br>15 mmol phosphorus/250 mL (peripheral) |

**DOSAGE:**

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| **Usual:** | 15 or 30 mmol of phosphorus (equivalent to 22 or 44 mmol potassium respectively) |
| **Maximum daily dose:** | 60 mmol phosphorus |

**STABILITY/COMPATIBILITY:**

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| **Stability of Final Admixture:** | 24 hours at room temperature |
| **Compatibility:** | *Incompatible* with heparin and insulin |

**PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**

- Hyperkalemia, hyperphosphatemia, hypomagnesemia, hypotension, dehydration, cardiac arrest.
- Extravasation may cause pain and tissue necrosis.
- Administration of high concentrations in small veins may cause pain.

**ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**

- Combined potassium infusion rate: includes potassium (as potassium chloride, potassium acetate, and potassium phosphate) from ALL IV fluids including IV infusion and TPN fluids and all ORAL
- Cardiac monitoring may be considered for combined potassium infusion rates between 11 and 15 mmol/hour dependent on the patient's medical condition
- Peripheral infusion of 15 mmol phosphorus in 250 mL diluent is recognized to slightly exceed the 80 mmol potassium/L concentration of peripheral infusion. This is considered clinically acceptable.