



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

potassium chloride



Effective Date: Dec 2011	CLASSIFICATION Electrolyte	OTHER NAMES KCl, K+	PAGE 1 of 2
Revised Date: Nov13-2013			

ADMINISTRATION POLICY:

IV infusion – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Availability of potassium chloride infusion

Potassium chloride concentration	NaCl 0.9%	D5W and NaCl 0.45%	D5W and NaCl 0.9%
20 mmol/L	X	X	X
40 mmol/L	X	X	N/A

All KCl infusions must be controlled by an infusion pump.

DOSAGE:

Note: 1 mmol = 1 mEq potassium chloride

Physician orders for continuous IV infusions of KCl are standardized and automatically substituted as follows:

KCl concentration ordered by physician

1 – 30 mmol/L
31 – 59 mmol/L

KCl automatic substitution

20 mmol/L
40 mmol/L

*Rate will remain as ordered

Infusion: Maintenance: IV: 1 – 2 mmol/kg/day

Hypokalemia: Intermittent infusion: 0.5 – 1 mmol/kg/dose, if infusion exceeds 0.5 mmol/kg/hour, physician should be at bedside and patient should have continuous cardiac monitoring. Repeat as necessary based on frequently obtained lab values

Maximum rate : 0.2 mmol/kg/hour

Maximum concentration : 40 mmol/L

STABILITY/COMPATIBILITY:

Stability of multidose vial: N/A

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose-saline solutions, Lactated Ringer



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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CV: Overdose: Cardiac arrhythmias, hypotension
- GI: Nausea, vomiting, abdominal pain, diarrhea
- Neuro: Overdose: Paresthesia, mental confusion
- Local: Thrombophlebitis and pain at IV site
- Other: Overdose: Muscle paralysis or weakness
- To be used with caution in cases of renal failure and cardiac disease
- **WARNING:** Potassium is a potentially dangerous agent. Sudden increases in the serum potassium concentration (with attendant risks of arrhythmia) may occur when:
 - Patient is hemodynamically unstable
 - Intravascular or interstitial fluid volumes are changing rapidly
 - Rapid infusion rates are used
- Serum potassium concentrations are not indicative necessarily of tissue potassium concentrations
- Contraindications may occur with pre-existing hyperkalemia

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Order standardized concentrations of KCl in common IV solutions (i.e. 20, 40 mmol/L) to minimize workload and avoid the need for concentrated KCl injection
- If non-standard concentration of KCl prescribed, a nurse(in consult with physician) or pharmacist may automatically substitute the same IV solution with a standard KCl concentration
- **Required Monitoring**
 - Monitor serum potassium as indicated by medical condition, dose and renal function