Guidelines for the Use of Potassium Chloride

Recommended Neonatal Dose, Route, and Interval

- **Initial oral replacement Therapy:**
  - 0.5-1 mEq/kg/day in divided doses
  - Small, more frequent aliquots preferred (every feed or every other feed)
  - Adjust dosage based on monitoring of potassium concentrations
  - 1mEq K = 74.6 mg KCl

- **Acute treatment of symptomatic Hypokalemia**
  - Begin with 0.5 to 1 mEq/kg IV to infuse at 0.3-0.5mEq/kg/hr (Max rate = 1mEq/kg/hr)
  - Maximum concentration: 40 mEq/L for peripheral & 80 mEq/L for central venous infusions.

Chief Indications

- Treatment of Hypokalemia
- Adjunct to diuretic therapy
- Prevention of digoxin toxicity potentiated by hypokalemia

Possible Adverse Reactions:

1. Hyperkalemia
2. PO administration may cause GI irritation, vomiting, diarrhea, bleeding.
3. IV administration may cause irritation, pain or phlebitis at the infusion site.
4. **Rapid IV infusion may cause cardiac arrhythmias.**

Contraindications & Precautions

- Hypersensitivity to potassium chloride products
- Severe renal impairment or hyperkalemia
- Use with caution in patients with cardiac disease

Nursing Implications

- Monitor serum potassium concentrations. If serum potassium level is not rising with effective potassium supplementation, consider checking a magnesium level.
- Continuous cardiac monitoring is mandatory for IV replacement especially for central infusions
- Peripheral Line Concentration = 0.1mEq/mL; Central Line Concentration = 0.2mEq/mL
- Watch IV site for signs of irritation or phlebitis.
- KCl oral supplementation will be diluted by pharmacy to a concentration of 1mEq/mL
- Give oral doses with the nearest feed.

References:

1. Neofax 2010

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