

*This IV monograph is intended for use in Paediatric intensive care and may not be suitable for patients in other clinical areas*

# Potassium Chloride (Central line)

- An IV potassium correction should only be given for severe hypokalaemia (see website guidelines).
- Potassium chloride infusions can cause phlebitis at concentrations greater than 40mmol/L
- Extravastion of potassium chloride may cause tissue necrosis even if diluted. Monitor lines closely

Drug	Dilution	Dose range	Rate calculations
Potassium Chloride	Central line only  Use 1mmol/ml neat	Usual dose: 0.25 mmol/Kg  Doses up to 0.5mmol/Kg can be used if necessary.  Give as a single dose then recheck the potassium	<b>Central line only</b>  Usual rate 0.25mmol/Kg/hour.  This rate can be increased if needed in emergencies but the <b>Maximum rate of potassium via a central line is</b> 0.5mmol / Kg / hour (For a child>80Kg the max rate is 40mmol/hour)

## Common compatibilities

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