

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

# Potassium Chloride (Peripheral line)

- An IV potassium correction should only be given for severe hypokalaemia (see website guidelines).
- If an urgent IV correction is necessary **only give this through a peripheral line if there is no central access.**
- If peripheral IV correction is necessary use the best peripheral line you have avoiding lines in feet and scalps if possible.
- Potassium chloride infusions can cause phlebitis at concentrations greater than 40mmol/L
- Extravasion of potassium chloride may cause tissue necrosis even if diluted. Monitor lines closely

Drug	Dilution	Dose range	Rate calculations
Potassium Chloride	<p>Peripheral line</p> <p>Dilute to a concentration of 0.04mmol/ml (40mmol/Litre)</p> <p>If <u>severely</u> fluid restricted dilute to a concentration of 0.06mmol/ml (60mmol/Litre)</p> <p><b>Peripheral concentrations greater than 60mmol/Litre can only be used if authorised by a consultant.</b></p> <p>Dilute with 0.9% Sodium Chloride</p>	<p>0.2mmol/Kg</p> <p>Give as a single dose then recheck the potassium</p>	<p>Peripheral line</p> <p>Maximum rate of potassium chloride via peripheral line</p> <p>0.2mmol / Kg / hour</p>

## Common compatibilities

Written by (pharmacist signature)..... (Zoë Taylor)

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