

Drug Name: Potassium
Trade Name: Potassium, K+

REVISED: November 1, 2018

Class:

- Electrolyte

Mechanism of Action:

- Potassium is a major electrolyte (Cation) in the intracellular space, and plays critical roles in membrane potential, repolarization, and other metabolic functions.

Indications:

- Suspected hypokalemia
- Prophylaxis against hypokalemia

Contraindications:

- Suspected Hyperkalemia

Precautions:

- Known renal failure
- Burns post 36 hours
- Crush injuries
- Addison's Disease

Dosage:

IV Infusion: Infusion doses are highly variable and based on institutional guidelines and patient laboratory values. Double check orders with transferring physician. Below are typical infusion rates for reference only.

Adults

- IV/IO: 20-60 mEq/ concentration infused at 10-20 mEq/hour

Pediatrics

- IV/IO: 0.5-1 mEq/kg/hour, max of 20 mEq/hour

Onset:

- IV/IO: Immediate

Duration:

- Based on infusion duration

Side Effects:

- Dysthymia
- Muscle Weakness
- Numbness/Tingling in extremities
- Hyperkalemia
- Cardiac Arrest

Interactions:

- Increased risk hyperkalemia, dysrhythmia, and death with use of depolarizing agents (i.e. Succinylcholine). Avoid concomitant use if possible.

IFT

REFERENCE ONLY

This document is for **reference only**. Please refer to Physician Order's for specific indications, dosages, and applications

IFT DRUG: Potassium

PEARLS:

Monitor closely for s/s of hyperkalemia.

- EKG monitoring is mandatory.
- Solutions containing greater than 20 mEq/1000 cc (or equivalent concentrations) must be administered on an infusion pump.
- Due to the risk of medical errors, double check dose w/ another ALS provider (Paramedic, RN, etc). Specifically observe for:
 - Dosing errors: Dosing errors have occurred, particularly in peds
 - Concentration Errors: Medical errors have occurred because of differences in concentration.
 - Route Errors: Concentrations in excess of 40 mEq/500 cc should be administered via central venous access only.
- Monitor q30-60 min for pain at injection site; phlebitis, infiltration.
- If sign of hyperkalemia are suspected, discontinue infusion and contact medical control immediately.
- If peripheral line, run concurrently with maintenance IV fluids via separate large volume infusion pump to decrease concentration.
- Potassium infusions can be uncomfortable. Occasionally Lidocaine may be added to infusions. Keep this in mind when administering any additional anti-arrhythmic.

REFERENCE ONLY