

**POTASSIUM**

Salt	Form	Strength	Elemental K <sup>+</sup>
Potassium chloride	tablet (Slow-K <sup>®</sup> )	600 mg	8 mmol*
	tablet (K-Dur <sup>®</sup> )	1500 mg	20 mmol*
	liquid	1500 mg/15mL	20 mmol*/15mL
	injection		2 mmol*/mL
Potassium citrate	effervescent tablet (K-Lyte <sup>®</sup> )	2.5g	25 mmol*
Potassium acetate (reserved for TPN)	injection		4 mmol*/mL

\* 1 mmol = 1 mEq K<sup>+</sup>

**POTASSIUM cont'd**

**Prevention and Treatment of Hypokalemia:**

Status	Route	Dose, Concentration, Rate
<b>Preventative Therapy</b>	PO	20-40 mmol/day
<b>Treatment of Hypokalemia</b>  K <sup>+</sup> = 2.5-3.5 mmol/L in asymptomatic patient <b>OR</b> patient on digoxin	PO	40-200 mmol/day in divided doses. Check serum K <sup>+</sup> levels daily.
K <sup>+</sup> < 2.5 * <b>OR</b> * K <sup>+</sup> 2.5 –3.0 mmol/L <b>WITH symptoms</b> (e.g. cardiac arrhythmias or conduction disturbances, respiratory muscle weakness, paralysis <b>OR</b> patient on digoxin)	<u>IV intermittent:</u> general nursing units:	20 mmol/50mL centrally or 20 mmol/250mL peripherally administered over 1 hour
	critical/special care areas:	40 mmol/100mL centrally over 1 hour  ECG monitoring required for rates above 20 mmol/hr
	<u>IV infusion:</u> peripheral line:	Usual 20-40 mmol/L (max 80 mmol/L) infused at max rate of 10 mmol/hour
	central line:	Usual 20-40 mmol/L (max 120 mmol/L) infused at max rate of 20 mmol/hour

**NOTES:**

1. Administer supplements cautiously in patients with renal impairment and those on potassium sparing diuretics (e.g. spironolactone) or ACE inhibitors (e.g. ramipril) or ARBs (e.g. losartan)
2. Magnesium deficiency must be replaced to adequately restore potassium.