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Name(s)

- **Generic:** potassium chloride (poe TASS ee um KLOR ide) | **Brand:** Klor-Con, K-Tab, Micro-K

Therapeutic Category

- Electrolyte Supplement

Dosage Form & Strength

- **Extended Release Capsule:** 8 mEq, 10 mEq | **Packet:** 20 mEq | **Intravenous Solution:** 10 mEq/100mL, 10 mEq/50 mL; 20 mEq/50 mL; & a wide variety of other concentrations | **Oral Solution:** 20 mEq/15 mL; 40 mEq/15 mL | **Extended Release Tablet:** 8 mEq, 10 mEq, 20 mEq

Indication(s)

1. **Hypokalemia:** Used in treating and preventing patients that have low potassium

Dosing by Indication

1. Dosing for Adults with **Hypokalemia:** NOTE: **Normal daily requirements (PO, IV):** 40-80 mEq/day; **Prevention (PO, IV):** 20-40 mEq/day in 1-2 divided doses
 - o Treating **Mild-Moderate** Hypokalemia: Dosing varies based on dosage form
 - **Capsules, Tablets, Solution:** 40-100mEq daily in divided doses. Limit single dose to 20-25 mEq/dose to avoid GI discomfort.
 - **Powder for solution:** 40-100mEq daily in 2-5 divided doses with each dose not to exceed 40 mEq/dose. Max of 200 mEq per day.
 - o Treating **Severe** Hypokalemia: Initiate 40 mEq 3-4 times daily and may consider 20 mEq IV q2-3 hours while carefully monitoring patient. Approximately **10 mEq** will increase serum levels by **0.1 mEq/L**
 - **IV intermittent infusion:** ≤10 mEq/hour repeating prn based on labs w/ continuous ECG monitoring if >10 mEq/hour are used.

Serum potassium (mEq/L)	Dosing
>2.5 to 3.5	Max infusion rate of 10 mEq/hour. Max concentration of 40 mEq/L. Max 24 hour dose is 200 mEq.
<2.5 or symptomatic hypokalemia	40 mEq/hour along with continuous ECG monitoring and frequent labs. May require up to 400 mEq/24 hours.

- Dosing for **Pediatrics** with Hypokalemia: ***Limited data so refer to most current literature**
 - o **Prevention:** 1-2 mEq/kg/day in 1-2 divided doses. A single dose should not exceed 20 mEq/dose unless labs suggest higher dose in required.
 - o Treating **Mild-Moderate:** Oral dosing is 2-5 mEq/kg/day in divided doses. Max single dose of 1-2 mEq/kg or 20 mEq (whichever is less).
 - o Treating **Severe:** IV dosing 0.5-1 mEq/kg/dose with max dose of 40 mEq. Infusion rate of ≤0.5 mEq/kg/hour. Serum concentrations should be evaluated 1-2 hours after infusion.
 - o **Maintenance:**
 - **Infants and children ≤50 kg:** IV dosing of 2-4 mEq/kg/day
 - **Children >50 kg:** IV dosing of 1-2 mEq/kg/day



Mechanism of Action & Pharmacology

- **Pharmacology:** An essential major cation responsible for the conduction of nerve impulses in the heart, brain, & muscle. It is also important in maintaining normal renal function & acid-base balance. Another role is in carbohydrate metabolism and in gastric secretions.
- **Absorption:** Well absorbed from the upper gastrointestinal tract | **Distribution:** Enters cells via active transport from extracellular fluid | **Excretion** is primarily through the urine, skin, and feces

Special Populations & Considerations

- **DO NOT admin as IV push.** Parenteral must be **diluted** prior to administration. 10 mEq/ 100 mL is an example of a max concentration with a max rate of 10 mEq/hour but may vary by institution.
- **Extravasation** (plasma escapes from extracellular space, blisters formed) **management:** Stop infusion, disconnect, do not flush line, initiate hyaluronidase antidote, remove needle/cannula, apply dry cold compress, & elevate extremity.
 - **Hyaluronidase:** Inject 1-1.7 mL (15 units/mL) as 5 separate 0.2-0.3 mL injections w/ 25 gauge needle.
- Same potassium requirements for **pregnant** & nonpregnant women. Not expected to cause adverse fetal events.

Side Effects

- **Overview:** Upset stomach; Nausea/Vomiting; diarrhea | **Others:** Cardiac conduction disturbances; Edema; Hyponatremia (low sodium); Extravasation (IV only)

Drug Interactions

- **Overview:** ACE inhibitors (enalapril, lisinopril), ARBs (losartan, valsartan), & diuretics (spironolactone, triamterene) may raise potassium levels.
- **Glycopyrrolate** may enhance adverse/toxic effects of potassium chloride.
- **Heparin** may enhance hyperkalemic effects of potassium chloride.

Monitoring Parameters

- ECG; Sodium; Other electrolytes (calcium, chloride, magnesium, phosphate); Acid/Base balance; Infusion rates if IV; IV infusion site if IV.

Patient Counseling Information

- Used as mineral supplementation to treat or prevent low amounts of potassium in the blood.
- Potassium is important for cell, kidney, heart, muscle, and nerve health.
- Abdominal pain, nausea, vomiting, diarrhea, & gas are common side effects so take the medication with plenty of fluids to decrease stomach discomfort.

Reference(s)

- <https://www.drugs.com/ppa/potassium-chloride.html>
- <https://www.webmd.com/drugs/2/drug-676-650/potassium-chloride-oral/potassium-solution-powder-for-solution-oral/details>

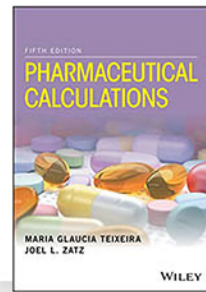


PREPARE FOR SUCCESS!

Comprehensive (NAPLEX)



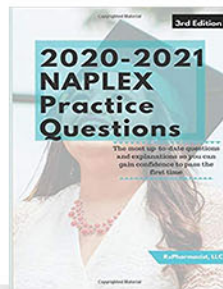
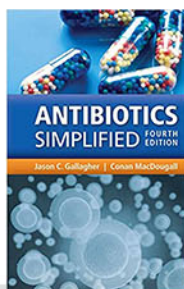
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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