

Name(s)

- **Generic:** potassium citrate (poe TASS ee um SIT rate) | **Brand:** Urocit-K

Therapeutic Category:

- Alkalinizing Agent

Dosage Form & Strength

- **Extended Release Tablet:** 5 mEq (540 mg), 10 mEq (1080 mg), 15 mEq (1620 mg)

Indication(s)

1. **Kidney stones:** Manages renal tubular acidosis caused by various etiologies with or without calcium stones.

Dosing by Indication

1. Dosing for Adults with **Kidney stones:**
 - Alkalinizer (PO):
 - **Mild-Moderate hypocitraturia | >150 mg/day urinary citrate:**
 - Initiate 15 mEq po bid OR 10 mEq po TID with a max dose of 100 mEq per day.
 - **Severe hypocitraturia | <150 mg/day urinary citrate:**
 - Initiate 30 mEq po bid OR 20 mEq po TID with a max dose of 100 mEq per day.

Mechanism of Action & Pharmacology

- **MOA:** Potassium citrate is an alkalinizing agent that is used to make urine less acidic. The urine levels are raised to a pH of 6-7 which helps rid the body of uric acid which effectively helps prevent gout and kidney stones.
- **Metabolism:** Hepatically metabolized to bicarbonate

Special Populations & Considerations

- Contraindicated in patients with poor renal function

Side Effects

- **Overview:** Nausea, vomiting, diarrhea, stomach pain
- **Caution:** Bloody/black stool, constipation, dizziness, fast heartbeat, stomach/abdominal pain, vomiting that looks like coffee grounds.

Drug Interactions

- **Overview:** Antacids that contain aluminum, aspirin, Tylenol, ACE inhibitors (lisinopril, enalapril), ARBs (losartan); anticholinergics (due to slowing GI movement) to name a few.
- **More Specifically:** Potassium may enhance hyperkalemic effects of ARBs; Potassium may decrease excretion of amphetamines; Heparin may enhance hyperkalemic effects of potassium.
- Alkalinizing agents (in general) may increase serum concentrations of many drugs (memantine, quinine)

Monitoring Parameters



- Serum electrolytes; Urinary citrate or pH; CBC every 4 months

Patient Counseling Information

- Potassium citrate is used to treat kidney stones as well as the acid balance in the blood.
- Potassium is a known GI irritant. To help minimize irritation:
 - Swallow tablets whole with a full glass of water
 - And take while upright or in sitting position and take with (or within 30 minutes after) meals or bedtime snack.

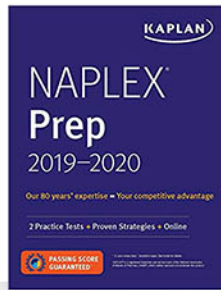
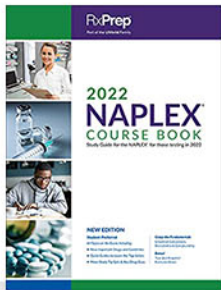
Reference(s)

- <https://www.drugs.com/ppa/potassium-citrate.html>
- <https://www.medicineindia.org/pharmacology-for-generic/2786/potassium-citrate>
- <https://www.webmd.com/drugs/2/drug-8836/potassium-citrate-oral/details>

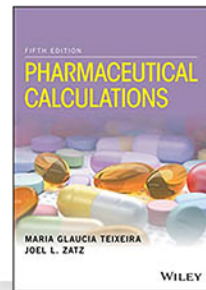
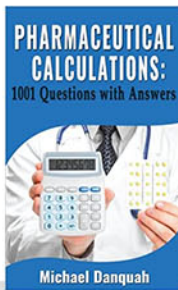
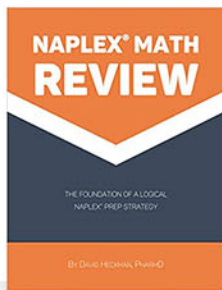
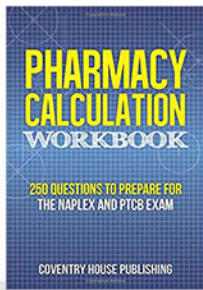


PREPARE FOR SUCCESS!

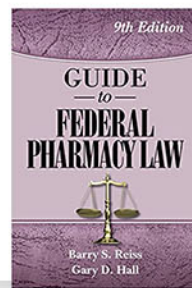
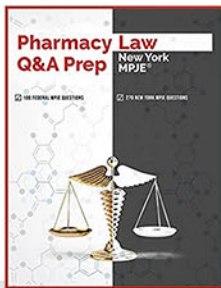
Comprehensive (NAPLEX)



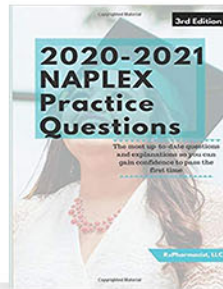
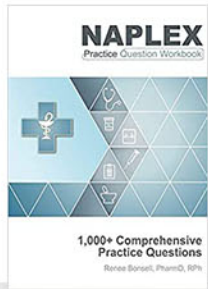
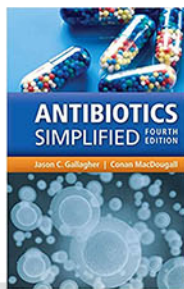
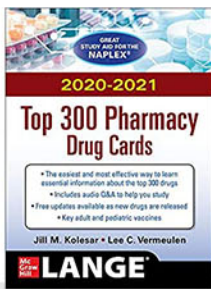
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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(6 am CST, 4 am PST)

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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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