Potassium Chloride Replacement Guidelines for Neonatal and Pediatric Patients

Approved PICU PI **5/8/06**
Approved NICU PI

Oral Potassium Replacement

* **Preferred route of administration for non-emergent replacement (Serum K greater than or equal to 3 mEq/L)**

Serum Potassium	**Oral or GT Potassium Chloride 20 mEq/15 ml Liquid**	
3-3.4 mEq/L	0.5-1 mEq/kg/dose (max 40 mEq/dose)	x 1 dose
<3 mEq/L	1 mEq/kg/dose (max 40 mEq/dose) q 2 hours	x 2 doses

Intravenous Potassium Replacement

Neonatal patients REQUIRE Attending Approval for Bolus IV potassium replacement
Pediatric patients need Attending or Chief resident approval for Bolus IV replacement

- ***** Indicated for patients unable to tolerate or receive oral replacement
- * For patients with urine output > 1 ml/kg/hour and serum Cr < 1 mg/dl
  for patients with renal impairment use lower doses and recheck potassium between doses
- * recheck potassium 4 hours after dose
- * Add or adjust potassium in maintance IV fluids
- * **All patients require cardiac monitoring for concentrated Potassium doses**
  Concentrations >80 mEq/l or doses > 0.2 mEq/kg/hour

Peripheral IV

** **Maximum concentration 1 mEq/10 ml (premix 10 mEq/100 ml SW)**

Serum Potassium		
3-3.4 mEq/L	0.5 mEq/kg/dose over 2 hours (max 10 mEq/dose)	1 dose
< 3 mEq/L	1 mEq/kg/dose over 2 hours (max 10 mEq/dose)	up to 2 doses

***** see above note on oral replacement**

Central Line Access

** **Maximum concentration 1 mEq/5ml (premix 20 mEq/100 ml SW)**

(for extreme fluid restriction may use 1mEq/2.5 ml-premix 40 mEq/100ml SW)

3-3.4 mEq/L	1 mEq/kg/dose over 2 hours (max 20 mEq/dose)	1 dose
< 3 mEq/L	1 mEq/kg/dose over 1 hour (max 20 mEq/dose)	up to 2 doses