How fast can I give POTASSIUM intravenously?

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The following information is for an adult patient in a non-emergency situation.

Peripheral lines:

1. IVI Potassium should not be administered exceeding 10 mmol/hour.
   (In some instances rates of up to 20 mmol/hour may be prescribed. Will require cardiac monitoring)

2. Maximum dose in 24 hours should not exceed 200 mmol.
Peripheral IV infusions of potassium are often painful. Watch for phlebitis and cease the infusion immediately if extravasation occurs.

Central lines:

1. **Central (CVAD) lines should be used if concentration greater than 40 mmol/L**
2. **Maximum dose in 24 hours should not exceed 200 mmol.**
3. **If rates of 20 mmol/hour or above are used pt must have cardiac monitoring.**

Normal serum Potassium level = 3.5 – 5.0 mmol/L

Potassium is mostly located intracellular with only 2% being extracellular. Correction of hypokalaemia should be done slowly. Patients with low serum potassium may also have low serum magnesium.

**Mild hypokalaemia = 3.0 to < 3.5 mmol/L**

- replace with oral supplements if possible.
- Slow-K. Span K = 8 mmol/L per tablet.
- Chlorvescent = 14 mmol/L per tablet.
- If oral route not possible, use preloaded 30 mmol/L in 1000 mls.
- If fluid restricted can use 10 mmol KCL in 100ml normal saline.
Moderate to severe hypokalaemia = less than 3.0 mmol/L

- May be associated with cardiac arrhythmias. Pt must have cardiac monitoring.
- If possible, use preloaded 30 mmol/L in 1000 mls.
- If fluid restricted can use 10 mmol KCL in 100ml normal saline.
- Greater than 30 mmol/L can be given via CVAD but maximum dose in 24 hrs should not exceed 200 mmol.

The above information is intended as a guideline only. Consult local policy guidelines for definitive management.