



Hypokalaemia Procedure

Procedure Number

CHC-PM-0004

Version Nos:

3

1. Purpose

This Procedure outlines the process to be followed for the correct management of Hypokalaemia throughout the West Coast District Health Board (WCDHB).

2. Application

This Procedure is to be followed by all clinical staff through out the WCDHB.

3. Definitions

For the purposes of this Procedure:

Prescribing medications is the responsibility of the Doctor;

Dispensing medications is the role of the Pharmacist;

Administration of medications is undertaken by nurses.

4. Responsibilities

For the purpose of this Procedure the:

The Head Pharmacist is required to:

- oversee all aspects of this Procedure
- monitor the performance of WCDHB staff members in relation to this Procedure;

Clinical Staff Members are required to:

- ensure they abide by the requirements of this Procedure

5. Resources Required

This Procedure requires:

- i. Pre-mixed bags containing potassium chloride

6. Process

1.00 The WCDHB in line with guidance from the Safe Use of Medicines Group, recommend the use of pre-mixed bags containing potassium chloride and limiting the range of available products.

1.01 **As such the WCDHB stock the following pre-mixed potassium products:**

- i. 20mmol Potassium chloride in 1000ml Sodium Chloride 0.9%
- ii. 20mmol Potassium Chloride in 1000ml Glucose 4% + Sodium Chloride 0.9%
- iii. 40mmol Potassium Chloride in 1000ml Sodium Chloride 0.9%

Only In the Grey Base Hospital Paediatric Unit:

- i. 10mmol Potassium Chloride in 500ml Glucose 2.5% + Sodium Chloride 0.45%

(NOTE: This product is a Medication Act Section 29 medication and therefore patients name and doctor must be recorded on the sticker provided)

	<h2>Hypokalaemia Procedure</h2>	Procedure Number <i>CHC-PM-0004</i>	Version Nos: 3
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- 1.02 Due to the danger of incorrect usage of the **Potassium Chloride injection**, this is **restricted to use in CCU only**, where patients can undergo cardiac monitoring.
- 1.03 Staff are reminded that the daily estimated requirement for potassium (K+) is 50mmol (~0.5mmol/kg), and as such it is important to treat the underlying cause of the low potassium.
- 1.04 If the patient is experiencing low potassium levels, Consider oral supplementation:
- i. oral Span K (8mmol per tablet) (slow release formulation therefore ineffective for rapid replacement;
 - ii. oral chlorvescent (14mmol per tablet).
- 1.04 Also Consider IV supplements if the patient is NBM or there is marked Hypokalaemia (i.e. K+ <3.0mmol/L)
- i. use lowest effective dose to restore levels;
 - ii. infuse at a maximum of 10mmol/hr at a concentration no greater than 40mmol/L;
 - iii. higher rates require cardiac monitoring and as such should be restricted to administration in CCU.

7. Precautions And Considerations

- ➔ The WCDHB in line with guidance from the Safe Use of Medicines Group, recommend the use of pre-mixed bags containing potassium chloride and limiting the range of available products.

8. References

Code of Health and Disability Services Consumers' Rights (1995)
 Health Practitioners Competence Assurance Act 2003
 New Zealand Nursing Council Code of Conduct for Nurses and Midwives (1995)
 Health Act (1956)
 Hospitals Act (1957)
 Hospitals Regulations (1993)
 Medicines Act (1981)
 Medicines Regulations (1984)

9. Related Documents

WCDHB Administration of Medications by Students Procedure
 WCDHB Emergency Orders and Verbal Orders Procedure
 WCDHB Medication Errors Procedure
 WCDHB Medication For On-Leave Patients Procedure
 WCDHB Medication Policy
 WCDHB Refusal of Medications by Patients Procedures
 WCDHB Storing and Labelling Medications Procedure



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Revision History	Version:	2
	Developed By:	Pharmacy Manager
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