UMC Health System

POTASSIUM CHLORIDE REPLACEMENT PLAN

Patient Label Here

| | | 20500 | |
|---------------------------|---|------------------|-------------------|
| PHYSICIAN ORDERS | | | |
| Diagnosis | | | |
| Weight | Allergies | | |
| 00000 | Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable. | | |
| ORDER | ORDER DETAILS | | |
| | Patient Care Potassium Replacement Guidelines ☐ T;N, See Reference Text | | |
| | Medications | | |
| | Medication sentences are per dose. You will need to calculate a total daily dose if needed. ORAL POTASSIUM REPLACEMENT | | |
| | potassium chloride 40 mEq, PO, tab sa, as needed, PRN hypokalemia Use oral replacement if patient is asymptomatic and able to take ORAL supplementation. If contraindicated, give IV potassium replacement if ordered. | | |
| | If K+ level less than 3.1 mMol/L -Contact provider immediately as IV replacement may be necessary. If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl oral. May give each 20 mEq tablets two hours apart to prevent GI discomfort if needed. | | |
| | Repeat potassium level with next day labs. | | |
| | IV POTASSIUM REPLACEMENT | | |
| | potassium chloride 40 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 4 hr, If K+ level 3.1 - 3.5 mMol/L If K+ level 3.1 - 3.5 mMol/L - Administer 40 mEq KCl ivpb Repeat serum potassium level 2 hours after total replacement is completed. | | |
| | potassium chloride 60 mEq, IVPB, ivpb, as needed, PRN hypokalemia, Infuse over 6 hr, K+ level less than 3.1 mMol/L If K+ level less than 3.1 mMol/L -Administer 60 mEq KCl ivpb, and contact provider Repeat serum potassium level 2 hours after total replacement is completed. | | |
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| □ то | Read Back | anned Powerchart | Scanned PharmScan |
| Order Taken by Signature: | | Date | Time |
| Physician Signature: | | Date | Time |

Version: 3 Effective on: 02/21/23

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