

Subject: ALS Medications – Paramedic
Monitoring Potassium Chloride (KCL) for Interfacility Transfers

- I. Class
 - Electrolyte
- II. Indications
 - Treatment of potassium deficiency.
- III. Therapeutic Effects
 - A. Replaces potassium and corrects hypokalemia.
 - B. Restore normal nerve and skeletal-muscle function.
 - C. Support normal cardiac conduction and rhythm.
 - D. Reduce hypokalemia-related weakness, paralysis, respiratory impairment, and dysrhythmias.
- IV. Contraindications
 - A. Absolute
 - 1. Renal failure.
 - 2. Hyperkalemia (high potassium)
 - B. Relative
 - None
- V. Administration and Dosage - Adult
 - A. Infusions containing potassium chloride (KCl) may only be monitored by paramedics.
 - B. KCl may not be started or added to an IV solution by the paramedic.
 - C. Maximum concentration of KCl that can be monitored is less than or equal to 40 mEq/l of IV solution, with rate of administration not to exceed 10 mEq/hour.
 - D. Use IV pump when available but do not delay transfer when one is not.
- VI. Special Information/Precautions
 - A. Monitor respiratory rate, as KCl can cause respiratory, depression or arrest.
 - B. Monitor dysrhythmias, especially bradycardias, cardiac arrest.
 - C. Monitor neurological for paresthesia of extremities, muscular paralysis, and/or confusion.
 - D. Monitor ECG rhythm to detect dysrhythmia. Potassium toxicity is manifested by peaked T waves and loss of P wave.

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- E. Monitor IV site as infiltration may cause necrosis. Any pain, burning or irritation at the insertion site checked for patency and the infusion rate slowed.
- F. If the IV has infiltrated, restart another IV away from the infiltration and restart the Potassium Drip at ordered rate.

VII. Base Orders

Requires a written order from sending physician.