Management of Potassium Ampoules Procedure

Effective: 8 April 2021

1. Guiding Principles

Management of hypokalaemia with intravenous potassium should only be considered when oral supplementation is not clinically suitable.

The management of hypokalaemia with intravenous potassium at the Albany Hospital is conducted in accordance with the WA Health High Risk Medication Policy (MP 0131/20) and the WACHS Potassium Supplementation Policy.

Pre-mixed potassium infusion bags should be used whenever possible. A list of available pre-mixed bags is available in Appendix 2.

This procedure limits the availability of potassium ampoules and requires local guidance regarding access to these, especially outside of pharmacy hours.

Potassium ampoules are not on the imprest of any ward or department within the Albany Hospital and are always to be sourced from pharmacy.

2. Procedure

Pre-mixed 10mmol potassium chloride in sodium chloride 0.29% ISOTONIC 100ml bags can be given peripherally at rates not greater than 10mmol per hour.

All other preparations containing greater than 40mmol / 1000ml of potassium should only be administered via a central vein (PICC or CVC).

Potassium ampoules are only to be sourced if a premixed bag is not able to be used. Ampoules are to be sourced on an individual patient basis to allow administration of a charted order. A consultant or senior medical practitioner must be involved in the approval to use ampoules. The name of this consultant or senior medical practitioner must be documented on the order.

The exact amount required for the prescription is to be supplied.

Details for each issue are to be recorded on the green tracking card (Appendix 1) kept with the ampoules in pharmacy.

- date and time
- ward
- patient's name
- quantity issued
- signature of person issuing (pharmacy staff or nurse manager)
- confirmation that a premixed product is unsuitable.

Preparation and administration must be as described in the WACHS Potassium Supplementation Policy. Unused ampoules must not be kept in the clinical area and are to be returned to pharmacy at the next available opportunity.

Documentation

The tracking card is kept with the ampoules at all times and the record is maintained for two (2) years from the last issue.

3. Definitions

Potassium Ampoules	Ampoules containing 10mmol or more of potassium in a volume of 10ml. This includes potassium dihydrogen phosphate used for phosphate supplementation in refeeding syndrome.

4. Roles and Responsibilities

During pharmacy hours: pharmacists are responsible for the distribution of ampoules after confirmation that a premixed bag is not appropriate. The pharmacists must sign the tracking card.

Outside pharmacy hours: the Nurse Manager is responsible for distribution of the ampoule after confirmation that a premixed bag is not appropriate. The Nurse Manager must sign the tracking card and may request the signature of the prescriber if unsure.

5. Compliance

Compliance with this procedure is to be measured by the following:

- The number of clinical incidents relating to intravenous potassium - target zero **and**
- Via an annual audit of potassium storage in the region target 100% compliance to current Operational Directive for handling of potassium ampoules.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.
Records Management Policy

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

Monitoring of compliance with this document is to be carried out by the Pharmacy department, every 12 months using the following means or tools:

- Review of the distribution of all high strength potassium products.
- Review of clinical incidents involving potassium formulations.

Findings from the review to be reported to the regional medication safety group.

8. Standards

National Safety and Quality Health Care Standards
Medication Safety Standard: 4.15

9. Legislation

Medicines and Poisons Act 2014 (WA)
Medicines and Poisons Regulations 2016 (WA)

10. References

Nil

11. Related Forms

Nil

12. Related Policy Documents

WACHS Potassium Supplementation Policy

13. Related WA Health Policies

High Risk Medication Policy (MP 0131/20)

14. Related WA Health System Policies

Clinical Governance, Safety and Quality

15. Appendix

Appendix 1: Potassium Chloride Ampoule Tracking Sheet
Appendix 2: Pre-mixed Potassium Infusion bags available in WACHS GS

This document can be made available in alternative formats on request for a person with a disability

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Appendix 1 Potassium Ampoule Tracking Sheet

For use only where a premix bag including the 10mmol/100ml minibag is unsuitable.

CENTRAL LINE USE ONLY

Date	Time	Ward	Patient	Qty	Issued by	Confirmed premix unsuitable

Appendix 2 – List of Pre-mixed Potassium Infusion bags available in WACHS GS

Potassium Content	Diluent	Volume	Notes
Potassium Chloride 10mmol	Sodium Chloride 0.29%	100mL	Isotonic – Suitable for peripheral lines
Potassium Chloride 20mmol	Sodium Chloride 0.9%	1000mL	
Potassium Chloride 20mmol	Glucose 5%	1000mL	
Potassium Chloride 20mmol	Sodium Chloride 0.9% and Glucose 5%	1000mL	Hypertonic
Potassium Chloride 40mmol	Sodium Chloride 0.9%	1000mL	Hypertonic