MedStar Georgetown University Hospital

Department of Anesthesia

Title:	**Policy Number:**
Intraoperative Potassium Replacement	9104
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POLICY:
In order for prevent serious morbidity or mortality with replacement potassium therapy all potassium infusions will be given by an approved controlled infusion device

PROCEDURE:
The following guidelines will be in effect for all clinical cases, except where the attending anesthesiologist chooses to vary from this policy for valid and documented reasons within the medical record.

1. For serum K levels >2.5 mEq but <3.5 mEq, the risk of proceeding with the anesthetic must be weighed against the risks of any potassium replacement therapy.
2. All replacement potassium is to be given by a controlled infusion device (pump) that is piggybacked into a central line (preferably) or a peripheral line as close to the patient as possible. Do not piggyback potassium infusions proximal to a blood warmer.
3. The piggybacked potassium solution should not exceed **10 mEq/100ml**
4. The primary infusion should be at such a rate, as the IV tubing does not become a reservoir for the infused potassium solution. The internal volumes are as follows:

			Potential Potassium Bolus	
	Device	**Volume**	**10mEq/100ml bag**	**20 mEq /50ml bag**
a.	Y blood set	98ml	9.8	39.2
b.	Macrodrip (20 drop/ml)	16.5ml	1.65	6.6
c.	Microdrip (10 drop/ml)	16.5ml	1.65	6.6
d.	Ranger Blood warmer	39ml	3.9	15.6
e.	IV extension (41 in)	4.8ml	0.48	1.92

5. Do not add potassium to the primary IV infusion bags. The admixture of potassium to the primary running infusion should only be done by Pharmacy in fulfilling an order.
6. The attending anesthesiologist must be notified by the resident, CRNA or SRNA before any intra-operative potassium replacement is given.

Russell T. Wall, MD
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