

DRUG:	POTASSIUM ACETATE
SYNONYMS:	
TRADE NAME:	POTASSIUM ACETATE CONCENTRATED
DRUG CLASS:	Electrolyte (potassium supplement)
AVAILABILITY:	Ampoule containing 2.45 g/5mL. Potassium ion content 5mmol/mL and acetate ion content 5mmol/mL. ⁶
pH:	7.5-8.5 ⁶
PREPARATION:	Not applicable.
ADMINISTRATION:	<p>I.M. Injection: - Not recommended.</p> <p>S.C. Injection: - Not recommended.</p> <p>I.V. Injection: - Contraindicated (must be diluted prior to administration).</p> <p>I.V. Infusion: - MUST be diluted in 1000mL of compatible infusion fluid prior to administration. Careful and thorough mixing of solution after dilution is essential to prevent pooling of potassium acetate.⁵</p> <p>Concentration should not exceed 40mmol/1000mL and rate should not exceed 20mmol/hr.^{1,5} In patients whose serum potassium is above 2.5mmol/L, the rate of infusion should not exceed 10mmol/hr⁶. Higher rates and concentrations may only be administered through a large vein with high blood flow (eg femoral vein or CVC) and if the patient is monitored appropriately⁵ (See Special Notes). Refer to hospital guidelines for administration of potassium supplements.</p>
STABILITY:	
COMPATIBILITY:	<p>Compatible Fluids: - Glucose 5%⁶, glucose 10%^{6,8}, Hartmann's⁶, sodium chloride 0.9%.⁶ See Special Notes.</p> <p>Compatible Drugs: - Aminophylline³, chloramphenicol sodium succinate³, metoclopramide^{1,3}, sodium bicarbonate³.</p> <p>Compatibility via Y-Site: - Ciprofloxacin^{1,3}.</p> <p>Compatibility in Syringe: - Not applicable.</p>
INCOMPATIBILITY:	<p>Incompatible Fluids: - No information.</p> <p>Incompatible Drugs: - Diazepam³, phenytoin sodium³</p>
SPECIAL NOTES:	<p>Avoid extravasation. Pain or phlebitis may occur during administration of solutions containing greater than 30mmol of potassium per litre.^{5,6}</p> <p>Intravenous administration of potassium salts can produce hyperkalaemia and cardiac arrest. Potentially fatal hyperkalaemia can develop rapidly and asymptotically. Therefore, careful monitoring of serum potassium concentration and dosage adjustment is recommended.⁶ See also Potassium Chloride monograph.</p> <p>Monitor ECG and plasma potassium concentrations closely when the rate of intravenous potassium administration exceeds 20mmol/hour.^{5,6}</p> <p>Sodium chloride 0.9% may be preferred in critical states, unless contraindicated, due to potential decrease in serum potassium from glucose solutions.⁶</p> <p>Care must be taken to ensure mixture is mixed well. Mixing of solutions can be achieved if plastic container is inverted during the addition of potassium solutions and subsequently agitated and/or kneaded.</p>