

***This drug monograph is intended for use in Paediatric Critical Care and may not be suitable for patients in other clinical areas***

## **Instructions for adding potassium chloride to Plasma-Lyte<sup>®</sup> 148 & Glucose 5% or to Plasma-Lyte<sup>®</sup> 148 to increase the potassium content of the bag**

- The osmolarity and pH of the Plasma-Lyte<sup>®</sup> 148 & Glucose 5% are above that recommended for peripheral administration and therefore **if possible** should be administered via a central line.
- Peripheral administration of Plasma-Lyte<sup>®</sup> 148 & Glucose 5% is off-label but can be done if necessary on consultant direction.
- Plasma-Lyte<sup>®</sup> 148 & Glucose 5% and Plasma-Lyte<sup>®</sup> 148 solution for infusion both contain 5 mmol/L K<sup>+</sup> and 98 mmol/L Cl<sup>-</sup>
- Review of stability data based on Lactated Ringer's solution has informed the clinical decision that on rare occasions we may add potassium up to a maximum final concentration of 40mmol/L potassium.

	<b>Final concentration of 20 mmol/L potassium and 113 mmol/L chloride</b>	<b>Final concentration of 40 mmol/L potassium and 133 mmol/L chloride</b>
Plasma-Lyte <sup>®</sup> 148 & Glucose 5% (1000mL bag)	Add <b>7.5mL</b> potassium chloride 15% (2 mmol/mL)	Add <b>15mL</b> potassium chloride 15% (2 mmol/mL)
Plasma-Lyte <sup>®</sup> 148 (500mL bag)	Add <b>3.75mL</b> potassium chloride 15% (2 mmol/mL)	Add <b>7.5mL</b> potassium chloride 15% (2 mmol/mL)

- Mix well & label bag. Use within 24 hours.

### **Compatibility**

The following agents may be diluted with Plasma-Lyte<sup>®</sup> 148 & Glucose 5% or Plasma-Lyte<sup>®</sup> 148:  
Morphine, midazolam, fentanyl, ketamine, clonidine, aminophylline, salbutamol, furosemide

Ref: (accessed 5/10/16) [Personal communication with manufacturer, Bristol Royal Hospital for Children Clinical Guideline, Nottingham pharmacostability data, Trissel online](#)

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