

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Strong Potassium Solutions – Safe Handling and Storage

Effective: December 2010

Review: December 2012

1. Introduction

This policy outlines the safe handling and storage requirements for strong potassium solutions.

When intravenous potassium is required, standard ready-made potassium containing infusion bags must be used wherever possible (see [Intravenous Potassium Administration Policy – General Adult Wards](#)).

Strong potassium solutions may only be stocked / used in areas where a genuine need has been identified and approval to stock / use strong potassium solutions has been given by the Medicines Management Committee (see Appendix 1).

2. Definition

Strong potassium solutions include potassium chloride (15%) 20mmol in 10ml ampoules, potassium chloride 25mmol in 50ml vials and potassium hydrogen phosphate / potassium dihydrogen phosphate ampoules or vials.

3. Requisition, Supply, Receipt and Administration

Clinical areas authorised to stock strong potassium solutions must order supplies using a potassium chloride 15% requisition book. There are two types of potassium chloride 15% requisition book:

(a) Potassium Chloride 15% Injection Requisition Book

This book is used in areas that use strong potassium solutions frequently and accurate administration records are kept at ward level (usually intensive care areas). Requisition, supply and receipt details are recorded using this book.

(b) Potassium Chloride 15% Injection Requisition and Administration Record Form

This book is used in areas that have obtained approval to stock strong potassium solutions however, use may be infrequent. Requisition, supply, receipt and administration details are recorded using this book.

If a strong potassium solution is required for a clinical area that does not have approval to stock it, the pharmacy department **MUST** be contacted and the need for strong potassium discussed. If the pharmacy department is closed the Emergency Duty pharmacist **MUST** be contacted via the Patient Services Coordinator. **In almost all cases, READY MADE SOLUTIONS can be used.** On the very rare occasion that a strong potassium solution is needed for a clinical area that does not have approval to stock it, the required solution must be prepared in the nearest clinical area that

stocks strong potassium ampoules. A registered nurse from the requesting ward must take the required infusion bag to the area providing potassium and the potassium solution must be prepared in the presence of a second registered nurse (normally one from the supplying ward and one from the receiving ward). A record of the registered nurses responsible the preparation of the product and the details of the requesting ward must be recorded in the potassium record book of the supplying ward. **Potassium ampoules must not be taken from the supplying ward under any circumstances.**

Two practitioners must always check for correct product, dosage, dilution, mixing and labelling during the preparation of and again prior to the administration of a solution prepared from a strong potassium solution (the two practitioners responsible for the preparation may be different from the two practitioners responsible for the administration if the solution has been prepared for a clinical area that does not have approval to stock potassium ampoules – in this case one of the practitioners responsible for the preparation must also be responsible for the administration).

4. Storage

Strong potassium solutions **MUST** be stored in a separate locked cupboard (e.g. controlled drugs cupboard) away from common diluting solutions such as sodium chloride (normal saline).

If a clinical area needs to stock more than one type of strong potassium solution (approval required from pharmacy) they must be stored in separate locked cupboard.

5. Audit

This policy will be audited by 30 April 2011 by the Chief Pharmacist. The main areas to be audited will be: Areas stocking strong potassium solution and calls to the emergency duty pharmacist by non authorised wards. The Pharmacy computer system and Emergency duty database will be used to carry out the audit.

Author: Chief Pharmacist

Appendix 1

Clinical areas Authorised to Stock Strong Potassium Solutions

Royal Victoria Infirmary

Small Requisition Book (no need to record in CD register)	Large Requisition & Administration Book
12 - PICU	General Theatres
18 – ITU	Fetal Medicine
35 - SCBU	1A
38 - ITU / HDU	1B
	(Ward 3)* - see note below
	(Ward 4)* - see note below
	(TCU)* - see note below
	18 – HDU
	Emergency Department
	50 - CCU

Freeman Hospital

Small Requisition Book (no need to record in CD register)	Large Requisition & Administration Book
ICCU - Integrated Critical Care	Cardio Theatres
28 - PICU	General Theatres
26 - Cardio ITU	12 - HDU
	23
	25a
	24a
	27a
	33

*(15% ampoules NOT supplied – order book used to supply 25mmol in 50mL)

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

Policy Title:	<u>Strong Potassium Solutions – Safe Handling and Storage</u>	Policy Author:	Steven Brice
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		This policy does not discriminate against any individual or group on the basis of race, ethnicity, nationalist, gender, culture, religion, sexuality, age, disability, gender reassignment or partnership.
	• Race *	N	
	• Ethnic origins (including gypsies and travellers)	N	
	• Nationality	N	
	• Gender *	N	
	• Culture	N	
	• Religion or belief *	N	
	• Sexual orientation including lesbian, gay and bisexual people *	N	
	• Age *	N	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	N	
	• Gender reassignment *	N	
	• Marriage and civil partnership *	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	NA	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	NA	
4(b).	If so can the impact be avoided?	NA	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	NA	
4(d).	Can we reduce the impact by taking different action?	NA	

Comments:	Action Plan due (or Not Applicable): NA
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Name and Designation of Person responsible for completion of this form Steven Brice, Assistant Director of Pharmacy

Date: 9 December 2010

Names & Designations of those involved in the impact assessment screening process: Pharmacy Directorate.....