

# High risk medicines: Analysis of KCl administration at GHdC

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#### INTRODUCTION

In Belgium several projects are being launched about high risk medication with the patient safety contract between hospitals and the Ministry of Health. Our institution focused on KCI. This study is dedicated to the analysis of KCI administration in our hospital. The purpose of this study was to compare drug administration in our institution with guidelines and to find improvement measures. This study is part of a series of institutional measures already taken (for example: only one presentation of KCI in our institution).

### **METHOD**

Collection of KCI administrations in our hospital during 3 weeks (April 2015). Analysis of administration: infusion rate, diluent and route of administration.

#### **RESULTS**

We collected 154 administrations of KCI (124 patients). The analysis gave the following results:

The infusion rate, diluent and route of administration were compliant to international guidelines in almost all the cases (figure 1).

Figure 1 : Compliance of administrations	Guidelines	Compliance (N=154)
Infusion rate	<ul> <li>PV: max 5mEq/h</li> <li>CV: max 10mEq/h with pump</li> <li>NaCl 0,9%, Glucose 5%, NaCl 0,9%-Glucose 5%</li> <li>Not in Mannitol</li> </ul>	<b>100%</b> (154/154)
Diluent		<b>100%</b> (154/154)
Route of administration	> 40mEq/j : switch to CV (risk of phlebitis)	<b>98,7%</b> (152/154)
PV = Peripherical Vein, CV = Central Vein		

 In only 24.19% of administrations, KCl was given together with other drugs in the same solution. Among these, 63.33% were validated mixtures. For the 36.67% remaining, no stability data was found in literature. There were no drug mixtures that were contra-indicated. Overall 92.83% infusions were validated (figure 2).

Figure 2: Mixture of KCI with other drugs

Médicaments mélangés au KCI	Nombre (N=30)	Conformité	
NaCl 20%	10	Validated	
MgSO <sub>4</sub> 3g/10ml	6	Validated	
Alizapride 50mg/2ml	4	Unknown*	
NaCl 20% + MgSO4 3g/10ml	1	Validated	
NaCl 20% + Litican 50mg/2ml	1	Unknown*	
Alizapride 50mg/2ml + MgSO <sub>4</sub> 3g/10ml	1	Unknown*	
Theophyllin 200mg/10ml	1	Validated	
Clonidine 0,15mg/ml	1	Unknown*	
MgSO4 3g/10ml + Insuline 10Ul	1	Validated	
Vitamine B1	1	Unknown*	
Vitamine B1 + Vitamine B6	1	Unknown*	
NaCl 20% + Alizapride 50mg/2ml + Ondansetron 8mg/4ml + Lorazepam 4mg/ml	1	Unknown*	
NaCl 20% + Alizapride 50mg/2ml + Ondansetron 8mg/4ml	1	Unknown*	
* No data in literature			

63,33% (19/30) 92,83% (143/154) Infusions Mixtures validated validated

# CONCLUSION

This study shows that compliance to administration of KCI guidelines is very high. In order to make further improvements we edited institutional guidelines for the nursing staff (figure 3).

Figure 3 : Protocole d'administration du KCI à destination des infirmières

## Protocole d'administration du KCI 1 MiniPlasco de **₩** 7010 Kalii Chloridum 7.45% \*\*\* \*\*\*\* = 20 mEq K+ 1 mEq K<sup>+</sup>/ml Présence d'étoiles sur la tête des MP de KCI pour bien les distinguer des autres MP. K+ normal: 3,5 - 5,5 mmol/l AJR: 1mEq/kg/j Comment administrer la perfusion ? Conseil de dilution : Diluant Physio 0,9% ou Glucose 5% Concentration ≥ 40 mEq/j : passer à la Voie Veineuse Centrale ! Une concentration élevée augmente le caractère phlébogène de la perfusion de KCI. Débit IV LENTE: Voie Veineuse Périphérique : max 5 mEq/h Voie Veineuse Centrale: max 10 mEg/h avec pompe! avec ECG d'office ! Un débit élevé augmente le caractère phlébogène de la perfusion de KCI. Stabilité · peut être mélangé avec du NaCl 20% ou du MgSO₄ A NE PAS FAIRE x NE PAS injecter du potassium en bolus x NE PAS administrer si la solution n'est pas limpide x NE PAS diluer dans la nutrition parentérale (précipitation possible) ou dans des perfusions de Mannitol x NE PAS mélanger le KCl avec d'autres médicaments dans la même perfusion si

ceux-ci sont incompatibles (Adrenaline, Amoxicilline, Amikacine, Amphotéricine B, Atropine,

Chloramphénicol, Chlorpromazine, Diazepam, Dobutamine, Methylprednisolone, Phenytoïne,

Promethazine, Suxamethonium, Thiopental)