CCTC CRRT POTASSIUM TITRATION PROTOCOL (Revised January 31, 2024)

Hang the same potassium concentration on dialysis and pre/post replacement pumps (do not add potassium to predilution citrate or heparin infusions).

PrismaSOL 0 and Prism0CAL contain zero potassium **and zero glucose –** potassium chloride must be added to these solutions to a minimum of 2 mmol/L.

PrismaSOL4 contains 4 mmol of potassium and 6.1 mmol of glucose per litre. When switching between PrismaSOL4 and other solutions, increase frequency of glucose monitoring and adjust insulin as required to prevent hypoglycemia. Changes in insulin doses can impact potassium levels.

Use the potassium value measured via the GEM for titration (for trending consistency, rapid results and reduced potential for hemolysis). The GEM uses a whole blood sample that is not centrifuged.

Serum Potassium Level	**Final KCl Concentration Per Litre**
less than 3.0 mmol/L	• KCl to equal 6 mmol/L • Give KCl bolus IV as per Crit Care Electrolyte order set • Correct Magnesium by IV bolus if < 1.0 • Notify CCTC and CRRT provider if repeat K remains less than 3.0 mmol/L
3.0-3.4 mmol/L	KCl to equal 5 mmol/L (may try an IV potassium bolus and correction of low magnesium first for a transient drop in K to 3.3 or 3.4**)
3.5-5.3 mmol/L	KCl to equal 4 mmol/L
5.4-5.9 mmol/L**	KCl to equal 3 mmol/L
Greater than or equal to 6.0 mmol/L**	KCl to equal 2 mmol/L

If serum potassium is less than 5.7 mmol/L at initiation, start treatment with PrismaSOL4 and repeat the potassium level in 1 hour. If potassium remains above 5.6 mmol/L, adjust potassium concentration per protocol.

Automatically initiate the Crit Care Electrolyte order set when CRRT is started. Replace electrolytes per protocol regardless of creatinine level while CRRT is running. When CRRT is off, follow the creatinine contraindications in the order set.

**If the serum potassium remains elevated or is trending upward, review with CCTC provider to assess for non-renal reasons for hyperkalemia (e.g. elevated CK, lactate, DKA, ischemia).