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Illness  
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### **POLYCITRA-K®**

**Alza**

Pharmaceutical  
Information

**Potassium Citrate**

**Potassium Supplement**

Herbal & dietary  
supplements

**Indications And Clinical Uses:** Pleasant tasting, sugar-free, oral potassium citrate supplement. In the treatment or prevention of hypokalemia, treatment of digitalis intoxication, and for the treatment of potassium replacement and electrolyte recharge.

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**Contra-Indications:** Ventricular fibrillation, hyperkalemia of various etiologies, in association with Addison's disease, suprarenal hyperplasia associated with a loss of salt, extensive tissue deterioration such as severe burns, acute dehydration and heat cramps. Severe renal impairment with oliguria or azotemia. Increased hypersensitivity to potassium, e.g., paramyotonia congenita or adynamia episodica hereditaria. tag\_WarningWarnings

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**Manufacturers' Warnings In Clinical States:** The administration of potassium salts to patients with disturbed potassium elimination, e.g., patients with chronic nephropathy, may cause hyperkalemia and cardiac arrest. This phenomenon is more frequent with i.v. potassium administration while it may occur with oral treatment. Severe or even fatal hyperkalemia may appear rapidly, without any particular prodrome. Therefore, use of potassium salts requires a particular monitoring of kalemia with frequent evaluations and dosage adjustments.

Concurrent administration with potassium-sparing diuretics (spironolactone, triamterene, amiloride) might induce hyperkalemia. In the presence of renal impairment, the administration of potassium supplements must be closely monitored.

**Precautions:** The therapeutic use of potassium in potassium depletion cases requires a particular monitoring of the acid-base equilibrium, especially in presence of cardiac disease, renal disease or acidosis. Regular verifications of the serum electrolytes rate, of ECG and of the clinical state of the patient should take place. Potassium must

be used cautiously in case of disease associated with heart block as the increase in potassium serum concentration may increase the blockage degree.

**Adverse Reactions:** Nausea, vomiting, diarrhea and abdominal discomfort can result from potassium salt administration. In order to decrease the incidence of gastrointestinal irritation associated with the oral ingestion of concentrated potassium-salt preparations, patients must be instructed to dissolve completely each dose in the indicated quantity of water, to increase, if possible, the fluid intake and to take the product after a meal.

**Symptoms And Treatment Of Overdose:** Symptoms: Potassium concentrations above 4 mEq/L and above 2 g/day in the blood and urine respectively may cause hyperkalemia in the normal effort conditions.

Paresthesia of the extremities, apragmatism, mental confusion, tiredness, paralysis, hypotension, cardiac arrhythmias, cardiac block and arrest may occur. ECG alterations are characterized by the increase in the amplitude and frequency of T waves, the lowering of the ST segment, the decrease in R wave amplitude, the widening of the QRS complex, the extension of the PR interval and the disappearance of the P wave. Widening of the QRS complex is one of the major symptoms and must alert to the importance of rigorous measures. Hyperkalemia is often asymptomatic and only manifested by elevated serum concentration and the above-mentioned ECG alterations.

Treatment: Deletion of the potassium-containing food and drugs, and of the potassium-sparing diuretics. I.V. administration of 300 to 500 mL/hour of a 10% dextrose solution containing 10 to 20 units of crystalline insulin/1 000 mL. Use of the ion-exchange resins, hemodialysis or peritoneal dialysis. In presence of threatening cardiac arrhythmias, administration of 10 to 50 mL of a 10% solution of calcium gluconate i.v. during 1 to 5 minutes to interfere with the cardiac toxicity. It is essential to keep the patient under ECG telecontrol. The fast decrease in serum concentrations, during the treatment of hyperkalemia in digitalis-stabilized patients may cause digitalis intoxication.

**Dosage And Administration:** Adults: Crystals: 3 packets (90 mEq)/day after meals. For prevention of hypokalemia: 1 packet (30 mEq)/day after meal. Contents of each packet should be mixed with 250 mL (a full glass) of cold water. Stir well before drinking. Drink only after complete effervescence.

Oral Solution: 15 to 30 mL (providing 30 to 60 mEq)/day, diluted in 250 mL of water or juice after meals. For prevention of hypokalemia: 10 to 20 mL (providing 20 to 40 mEq)/day.

To be taken immediately after meals or with food to reduce the possibility of upset stomach or laxative effect.

**Availability And Storage:** Crystals: Each packet contains: 4.5 g of fruit-flavored, sugar-free crystals containing potassium 1 193 mg (from potassium citrate monohydrate), providing potassium 30 mEq equivalent to bicarbonate ( $\text{HCO}_3$ ) 30 mEq. Boxes of 100.

Solution: Each 5 mL contains: potassium 398 mg (from potassium citrate monohydrate), providing potassium 10 mEq, equivalent to bicarbonate ( $\text{HCO}_3$ ) 10 mEq. Self-measuring bottles of 475 mL.