IT IS POSSIBLE TO IMPROVE THE HIPOPOTASEMIC MANAGMENT IN THE HOSPITAL?

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BACKGROUND

Potassium metabolism disorders are the most frequent electrolyte alteration in clinical practice. Early detection of hypokalaemia could prevent future complications.

OBJECTIVE

1. To know the prevalence of hypokalaemia disorders in adults admitted in a third level hospital.
2. To evaluate the ethiology and the corrective treatment during the following 24 hours.
3. To identify improvement actions.

MATERIAL AND METHODS

Descriptive observational study carried out during December 2022.

3 Cross-sections (all blood test included potassium)

Review medical records of patients with hypokalaemia (K <3.5 mEq/L)

Register of:

- ✓ **Severity of the alteration:**
  - Mild (3-3.49 mEq/L)
  - Moderate (2.51-2.99 mEq/L)
  - Severe (≤2.5 mEq/L).
- ✓ Prescription of the **corrective treatment 24 hours** after the analysis
- ✓ **Possible causes:** hypomagnesemia, pharmacological, idiopathic or insufficient intake (nothing by mouth without potassium supplement).

RESULTS

The total of patient reviwed were 344:

45 Hypokalaemia:

- 40 mild
- 4 moderate
- 1 severe

18/45 without **corrective treatment**

Ethiology:

21 (47%) Pharmacological (15 furosemide)
11 (24%) Hypomagnesemia
9 (20%) Idiopathic
4 (9%) Insufficient intake

CONCLUSION AND RELEVANCE

1. Hypokalaemia occurs in 13% of daily laboratory blood test in the hospital.
2. The main cause was pharmacological, followed by hypomagnesemia, idiopathic and insufficient intake. 40% of patients didn't receive corrective treatment.
3. Possible improvemed action colud be establishment of a systematized computerized extraction of patients with alterations in potassium levels. It colud be possible to establish corrective treatment earlier.