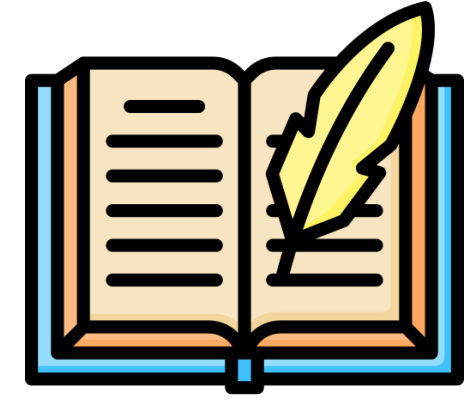




# IT IS POSSIBLE TO IMPROVE THE HIPOPOTASEMIC MANAGMENT IN THE HOSPITAL?

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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.

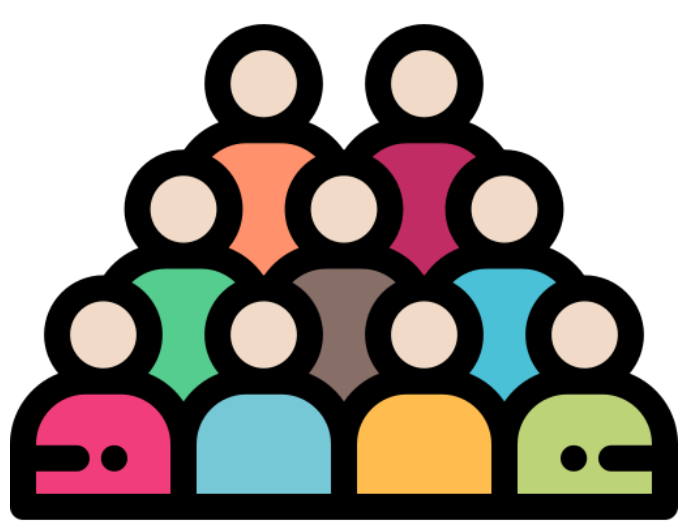


## OBJECTIVE

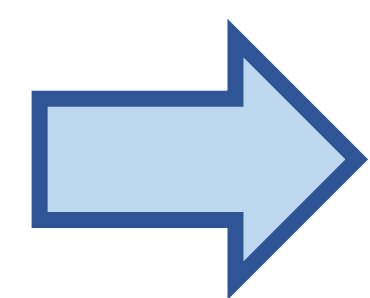
- 1 To know the prevalence of hypokalaemia disorders in adults admitted in a third level hospital.
- 2 To evaluate the ethiology and the corrective treatment during the following 24 hours.
- 3 To identify improvement actions.

## MATERIAL AND METHODS

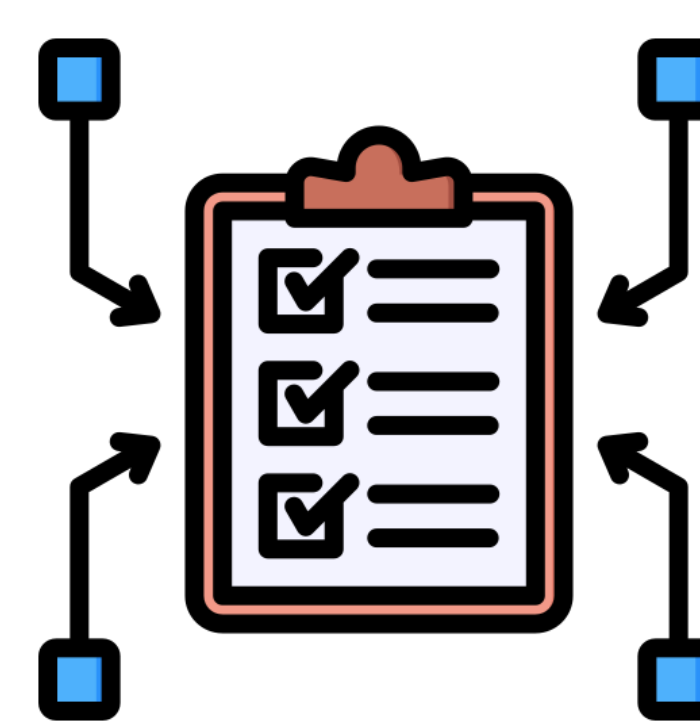
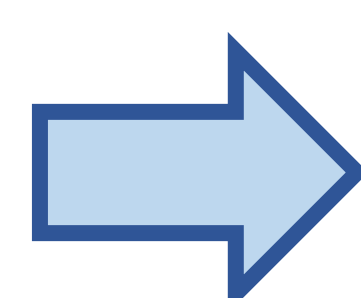
Descriptive observational study carried out during December 2022.



3 Cross-sections (all blood test included potassium)



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

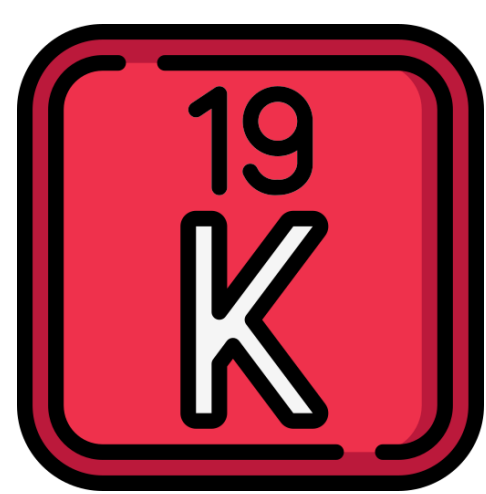


Register of:

- ✓ **Severity of the alteration:**
  - Mild (3-3.49 mEq/L)
  - Moderate (2.51-2.99 mEq/L)
  - Severe ( $\leq 2.5$  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:

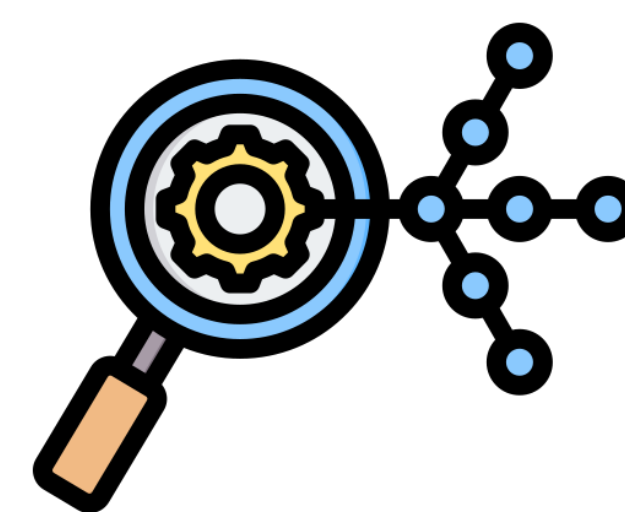


**45 Hypokalaemia:**

- 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 improved 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.