solid oral dosage forms of potassium chloride can produce ulcerative and/or stenotic lesions of the stomach or duodenum. Potassium supplements should be given to patients receiving ACE inhibitors or diuretics; potassium salts in patients with chronic renal disease, or any other condition which impairs potassium excretion, requires particularly careful monitoring of the serum potassium concentration and appropriate dosage adjustment. Potassium depletion will occur whenever the rate of potassium loss through renal excretion and/or loss from the gastrointestinal tract exceeds the rate of intake of potassium from food and supplements. Potassium depletion can develop rapidly with severe diarrhea, especially if associated with vomiting. Potassium depletion due to these causes is usually accompanied by a concurrent rise of aldosterone and to a lesser extent by hypokalemia and metabolic alkalosis. Potassium depletion may produce severe hypokalemia and hyperaldosteronism. Potassium depletion is characterized by muscular weakness, hypotension, tachycardia, ECG changes and, in extreme cases, cardiac arrest.

Micro-dispersible technology is KCl. Potassium chloride, USP occurs as a white, granular powder or as colorless crystals. It is odorless and has a saline taste. Its molecular weight is 74.518. It is freely soluble in water and slightly soluble in alcohol. It is stable under ordinary conditions and may be stored in airtight, glass containers.

M10 is an immediately dispersing extended-release oral dosage form of potassium chloride containing 750 mg of microencapsulated potassium chloride, USP equivalent to 50 mEq of potassium in a tablet. M20 is an immediately dispersing extended-release oral dosage form of potassium chloride containing 1500 mg of microencapsulated potassium chloride, USP equivalent to 100 mEq of potassium in a tablet. M30 is an immediately dispersing extended-release oral dosage form of potassium chloride containing 3000 mg of microencapsulated potassium chloride, USP equivalent to 200 mEq of potassium in a tablet. M40 is an immediately dispersing extended-release oral dosage form of potassium chloride containing 4500 mg of microencapsulated potassium chloride, USP equivalent to 300 mEq of potassium in a tablet. M50 is an immediately dispersing extended-release oral dosage form of potassium chloride containing 6000 mg of microencapsulated potassium chloride, USP equivalent to 400 mEq of potassium in a tablet. M60 is an immediately dispersing extended-release oral dosage form of potassium chloride containing 7500 mg of microencapsulated potassium chloride, USP equivalent to 500 mEq of potassium in a tablet.
Information for Patients: The potassium supplement should be administered to the patient following:
- In cases of diarrhea, whenever the stool is watery and contains large amounts of potassium.
- In cases of vomiting, whenever the vomit is large and contains large amounts of potassium.
- In cases of hypokalemia, whenever the plasma potassium level is below 3.5 mEq/L.
- In cases of hypokalemia, whenever the serum potassium level is below 4.0 mEq/L.
- In cases of hyperkalemia, whenever the plasma potassium level is above 5.5 mEq/L.
- In cases of hyperkalemia, whenever the serum potassium level is above 5.0 mEq/L.
- In cases of potassium depletion, whenever the plasma potassium level is below 3.5 mEq/L.
- In cases of potassium depletion, whenever the serum potassium level is below 4.0 mEq/L.
- In cases of potassium deficiency, whenever the plasma potassium level is below 3.0 mEq/L.
- In cases of potassium deficiency, whenever the serum potassium level is below 3.5 mEq/L.
- In cases of potassium excess, whenever the plasma potassium level is above 5.5 mEq/L.
- In cases of potassium excess, whenever the serum potassium level is above 5.0 mEq/L.
- In cases of hyperkalemia, whenever the plasma potassium level is above 5.5 mEq/L.
- In cases of hyperkalemia, whenever the serum potassium level is above 5.0 mEq/L.
- In cases of hyperkalemia, whenever the plasma potassium level is above 6.0 mEq/L.
- In cases of hyperkalemia, whenever the serum potassium level is above 5.5 mEq/L.
- In cases of hyperkalemia, whenever the plasma potassium level is above 5.5 mEq/L.