Potassium K

- **Potassium in serum**

Material: 1 ml serum

Preanalytics: hemolysis-free serum: collect in serum-monovette with separating gel (gel protects against release of erythrocyte potassium into serum)

Stability: 14 days at 2 to 8°C

TAT: same day,FML

Method: ISE

Units: mmol/l

Ref.- range: 3.60 – 5.0

Note: Hyperkalemia reduces digitalis effect, hyponatremia increases digitalis effect

Comment: Increased: chronic renal insufficiency, hemolysis, tissue necrosis, diabetic acidosis, suprarenal gland insufficiency, ACE-inhibitor therapy, potassium saving aldosterone-antagonist diuretic: amiloride (arumil), triamterene (jatropur), cyclosporine therapy;

Decreased: enteral potassium losses (diarrhea, vomiting), renal potassium losses, e.g. thiazide-diuretic (esidrix, saltucin etc.) and loop diuretic (lasix, arelix, hydromedin etc.), hyperaldosteronism, tubular acidosis, cicletanin medication (hypokalemia effect because of diuretic prostaglandin effect).

- **Potassium in urine^**

Material: 10 ml urine

Preanalytics: 24 hour urine collection

TAT: same day, FML

Method: ISE

Units: mmol/l

Ref.- range: see report

Note: Increased: hyperaldosteronism, polyuria in kidney diseases, diuretic and antihypertonia medication.

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/

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^ non-accredited parameter
*performed in a collaborating laboratory (Germany)