



**California Division North  
Nutritional Services  
Diet - Menu**

<b>Subject/Title: POTASSIUM CONTROLLED DIETS</b> <b>Order As: K2, K3, HIK</b>
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**GOALS OF DIETARY MANAGEMENT:**

Dietary restriction of potassium is used to treat hyperkalemia. This involves eliminating the use of potassium chloride salt substitutes and restricting use of foods containing high concentrations of potassium. In the usual diet, foods containing high amounts of protein also contain high amounts of potassium. Limiting protein intake, which typical in patients with renal failure, also generally limits potassium intake as well.

**DIET PRINCIPLES:**

Emphasis on the use of high potassium foods is recommended in the treatment of hypokalemia. A potassium chloride salt substitute with a specific dose may also be recommended to substantially increase the potassium content of the diet.

**GENERAL INFORMATION:**

Potassium is widely distributed in foods but tends to be concentrated in fruits and vegetables. Breads, pasta and cereals are generally low in potassium. Certain fruits and vegetables as well as milk, are very high in potassium.

LOW POTASSIUM DIET: 2000 MG POTASSIUM  
TYPICAL DIET: 2000 - 6000 MG POTASSIUM  
HIGH POTASSIUM DIET: ADD 2000 MG POTASSIUM above current Diet

HYPOKALEMIA is most often associated with the use of diuretics, however, it may also be the result of prolonged vomiting and diarrhea, Cushing's disease or prolonged adrenal corticosteroid therapy.

HYPERKALEMIA occurs in advanced renal failure as a result of a decrease in urinary output of potassium and an increase in serum potassium level. Excessive use of potassium sparing diuretics may also result in hyperkalemia.

## ADEQUACY:

### LOW POTASSIUM DIET:

The limitations in variety of fruits and vegetables may place the patient at risk for water soluble vitamin deficiency. A C complex with Vitamin C and Folate might be indicated.

### HIGH POTASSIUM DIET:

There are no nutritional inadequacies inherent in this diet.

## SIGNS AND SYMPTOMS OF ABNORMAL POTASSIUM

<u>System/Finding</u>	<u>Hypokalemia</u>	<u>Hyperkalemia</u>
Laboratory	< 3.5 Meq/L	> 6.0 Meq/L
Clinical Findings	Frequently None Until K+ Levels Are Very Low	Frequently None Until K+ Levels Are Very High
Skeletal/Muscle Effects	General Muscle Weakness, Muscle Cramps, Tingling, Difficult Respiration	General Muscle Weakness, Tingling, Difficult Speech and Respiration
Cardiac Effects	Tachycardia With Cardiac Dilation/Block/Arrest, Presence Of U Waves, Prolonged QRS.	Bradycardia, Cardiac Block / Arrest, Low Pulse Rate, Peripheral Vascular Collapse
EKG (May Change)	Over Interval Fusion Of T & U Waves	Tall T Waves
GI/Smooth Muscle Effects	Peristalsis Decrease Leads To Vomiting / Distention / Anorexia, Paralytic Ileus	Decreased Peristalsis Leading To Nausea/ Diarrhea
Nervous System	Listlessness, Lethargy	Irritability, Mental Confusion

Adapted From Lewis, Cm. Nutrition And Diet Therapy: Self Instructional Units. Fa Davis, Philadelphia, 1976.

## ORDER AS:

K2 = 2 gm potassium diet  
K3 = 3 gm potassium diet  
HIK = High potassium diet (4 gm plus)

## GUIDELINES:

### LOW POTASSIUM FOODS

Apples/Applesauce/Apple Juice  
Beans (Green, Wax)  
Bread/Bread Products  
Cabbage  
Cake  
Carrots  
Cauliflower  
Cereal  
Cookies  
Corn  
Grapes  
Lettuce  
Pears  
Peas  
Pineapple  
Rice  
Squash (Summer, Zucchini)

### HIGH POTASSIUM FOODS

Apricots/Apricot Nectar  
Avocado  
Bananas  
Bran/Bran Products  
Broccoli  
Cantaloupe  
Chocolate  
Dried Beans/Peas  
Dried Fruits  
Figs  
Legumes  
Lentils  
Milk  
Nuts/Seeds  
Potatoes  
Prunes/Prune Juice  
Oranges/Orange Juice  
Salt Substitute/Lite Salt

## SAMPLE MENU - LOW POTASSIUM

### Breakfast

1/2 C. Cranberry Juice  
1 C. Cornflakes  
1/2 C. Nondairy Creamer  
Toasted Bagel With  
    Cream Cheese  
Coffee  
Cream/Sugar

### Lunch

Canned Peaches  
Turkey Sandwich  
2 Sl Bread  
2 Oz. Turkey  
Lettuce  
Mayonnaise  
Mustard  
Sugar Cookies

### Dinner

Gelatin Salad  
3 Oz. Rst Beef  
1 C. Rice  
1/2 C. Green Beans  
Dinner Roll  
Margarine  
Pound Cake