

| Potassium (Urine) | |
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| Description | Most abundant intracellular cation. Part of urine U&E profile. |
| Indication | Diagnosis / investigation of hypokalaemia/hyperkalaemia. |
| Additional Info | Renal excretion of potassium is the major mechanism for potassium homeostasis. Renal tubular secretion of potassium is mediated via aldosterone. |
| Concurrent Tests | Serum potassium. |
| Dietary Requirements | N/A |
| Interpretation | <p>Daily 24 hr urinary potassium excretion is dependent on daily intake, extra renal losses and intracellular shifts. Urine potassium should be interpreted in combination with the serum potassium concentration.</p> <p>Urine potassium is useful in the investigation of hypokalaemia. The detection of significant urine potassium (~ >20 mmol/24 hrs) in the presence of a low serum potassium level suggests that the hypokalaemia is due to renal loss of potassium. Hyperaldosteronism and drug therapy (e.g. diuretics or cisplatin) can cause increased renal excretion and high urine potassium levels.</p> <p>Decreased glomerular filtration e.g. chronic or acute renal failure can cause reduced renal excretion and low urine potassium levels. Hypoaldosteronism e.g. Addison's also causes reduced renal tubular secretion.</p> |
| Collection Conditions | For a 24 hr collection, ensure the correct collection procedure is followed. |
| Frequency of testing | As required. |