

Supplemental Table. Preliminary survey and results

	Survey	Survey results
Survey 1	An investigation of the number of prescriptions for highly-concentrated KCl doses and the actual doses prescribed in each clinical department at our hospital was conducted.	Clinical departments including cardiovascular surgery, critical care medical center, hematology, dialysis room, and operating room were frequently prescribing high concentrations of KCl. The number of prescriptions of undiluted KCl per month was 72 (median). We found that templated prescriptions for undiluted KCl in the ICUs were being used. We requested the physician who managed these templated prescriptions to rewrite them, and to change the prescriptions to 400 mEq/L.
Survey 2	Interviews with physicians in clinical departments prescribing higher doses of KCl were held, and the details of patients who required highly concentrated KCl dosing regimens were ascertained.	The following details were elicited as to which patients were being prescribed high-dose KCl: <ul style="list-style-type: none"> • patients on artificial heart-lung machines • patients receiving percutaneous cardiopulmonary support • patients undergoing dialysis (dialysis room) • patients in surgery (clinical department of anesthesiology) • patients admitted to the cardiovascular surgery, critical care medical center, and cardiology departments that required potassium and fluid restriction because of cardiac dysfunction • patients with hematologic malignancies and severe hypokalemia due to excessive diarrhea or antifungal drug adverse effects
Survey 3	Interviews with five other nearby healthcare facilities were held, to determine if standardization of KCl concentrations and pharmacist dosing inquiries occurred or existed in their hospitals	In one of the five facilities, concentrations exceeding those recommended in the attached Japanese document (333 mEq/L), were only allowed to be administered in the ICU, but there was no evidence-based support for the concentrations used. In other facilities, concentrations in clinical practice were not standardized, and the pharmacists did not inquire about prescriptions over 40 mEq/L, even if undiluted KCl was used, which was similar to the situation at our hospital.