

PHOSPHATE REPLACEMENT GUIDELINES

These guidelines are intended for patients:

>18 years of age & Creatinine clearance >30 ml/min. & Serum calcium < 15 mg/dl.

INDICATION

PO Phosphate mild-moderate hypophosphatemia (serum phosphorous \geq 1.0 mg/dl) and patient is able to ingest/absorb oral therapy.

IV Phosphate TPN patient
 moderate hypophosphatemia (serum phosphorous 1.0-2.0 mg/dl) and patient unable to ingest/absorb oral therapy, or patient exhibiting symptoms of hypophosphatemia
 severe hypophosphatemia (serum phosphorous < 1.0 mg/dl)

DOSE

ORAL : mild hypophosphatemia

	Phos	K+	Na+	
Kphos Neutral tablets	8mM	1.1mEq	13mEq	(Rx)
NeutraPhos powder	8mM	7	7	(OTC)
NeutraPhosK powder	8mM	14.25	0	(OTC)
Cow's Milk (8oz.)	7mM	8.5	6	

1. Recheck serum phosphorous a minimum of 3 hours after infusion. Continue replacement if necessary until serum phosphorous > 2.0 mg/dl.

2. Administered as sodium salt if serum potassium \geq 4.0 mg/dl. Administer as potassium salt if serum potassium \leq 3.9 mg/dl.

Serum Phosphorous	Phosphate Dose	Minimum diluent volume (D5W or NS)	Minimum infusion time
2.1-2.5	1. consider oral replacement 2. IV replacement 7.5-15 mM	Periph: 250 ml. Central: 100 ml.	6 hours
1.0-2.0	1. consider oral replacement. 2. IV replacement 15 mM	Periph: 250 ml. Central: 100 ml.	Periph: 6 hours Central: 3 hours
<1.0	1. IV replacement 30 mM	Periph: 250 ml. Central: 100 ml.	Periph: 6 hours Central: 3 hours