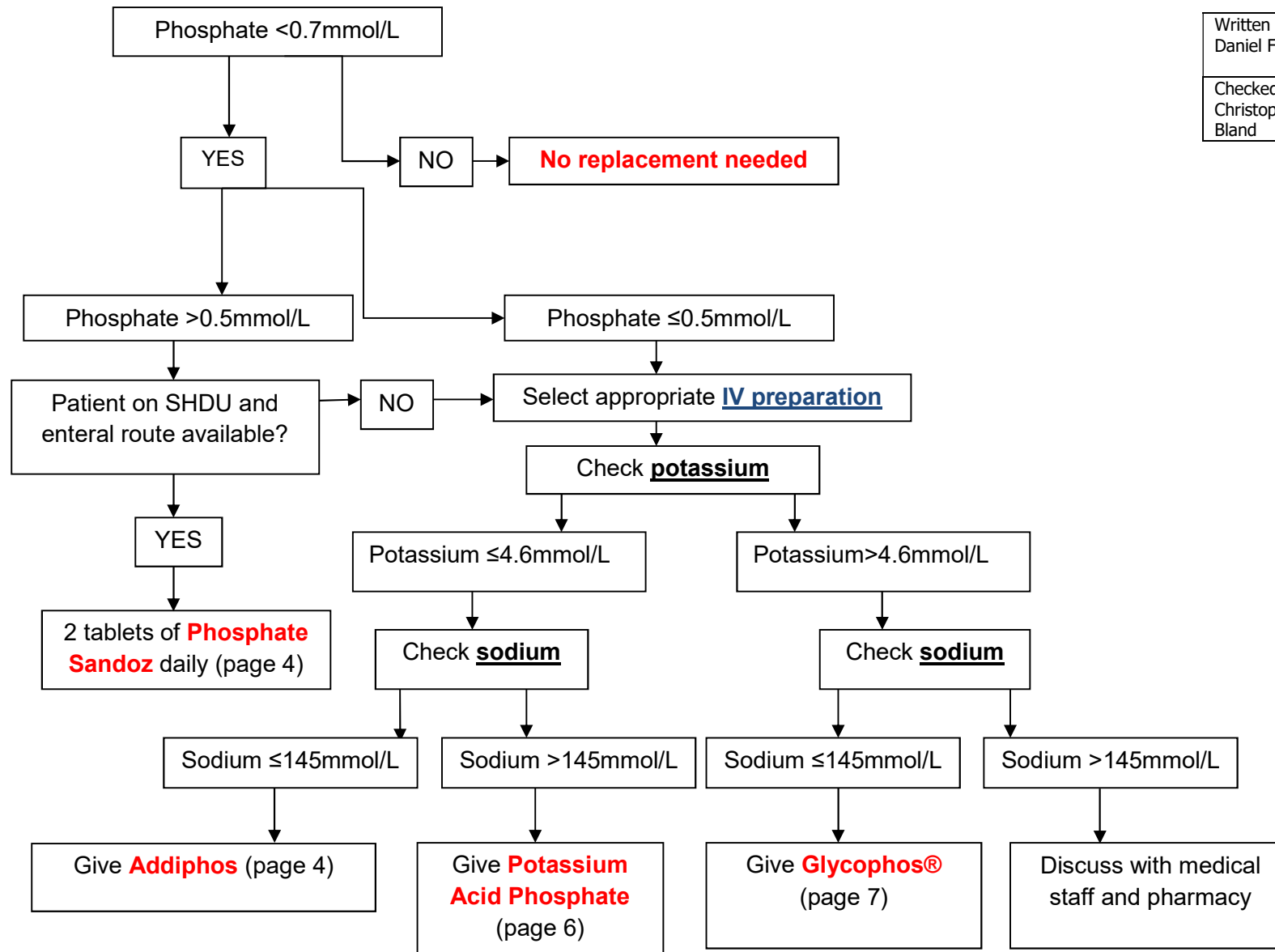


Hypophosphataemia – Choice of Replacement Therapy



Written by: Daniel Fairley	Date written: April 2022
Checked by: Christopher Bland	Review: April 2024

Hypophosphataemia – Addiphos®

15mls of Addiphos® contains

30mmol phosphate
22.5mmol of potassium
22.5mmol of Sodium

EXCLUSIONS

- IV replacement only: no ECG monitoring
- Parathyroidectomy
- Creatinine >180mmol/l except when CVVHDF is used
- Haemodialysis
- Potassium >4.6mmol/l consider Disodium Hydrogen Phosphate (see flowchart on page 3)
- Sodium >145mmol/l consider Potassium Acid Phosphate (see flowchart on page 3)

If potassium also requires replacement, administer Addiphos and then repeat potassium level to check if supplementation is still required.

Dosing and Administration

Route	Preparation	Notes
Enteral/oral (phosphate > 0.5mmol/L)	Phosphate Sandoz: 2 tablets once daily	Each tablet contains phosphate 16.1mmol, sodium 20.4mmol, and potassium 3.1mmol. For feeding tubes, disperse dose in water until all bubbles have settled, then draw up in an enteral syringe.
Peripheral	Add required volume Addiphos to 500ml glucose 5% and give via a volumetric pump over 6 hours	
Central venous	Dilute required volume Addiphos to 100ml of glucose 5% (remove equivalent volume from bag and discard) and give via a volumetric pump over 2 hours	

Phosphate Level	Action	Monitor
>0.7mmol/l	Nil	Every 24 hours unless otherwise directed
Moderate Hypophosphataemia 0.4-0.7mmol/l	Administer 20mmol of phosphate (10ml Addiphos)	Check phosphate and corrected calcium in 24 hours
Severe Hypophosphataemia <0.4mmol/l	Administer 30mmol of phosphate and inform medical staff (15ml Addiphos)	Check phosphate, corrected calcium, magnesium and potassium in 12 hours

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