



T H E
FREMONT-RIDEOUT
H E A L T H G R O U P

**PHOSPHORUS
REPLACEMENT ORDERS**

Page 1 of 1

IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

Allergies:

Ht:

Wt:

NOTIFY MD BEFORE REPLACEMENT IF:

- Sodium is > 145 mEq/L & potassium is > 5.0 mEq/L
- Order daily Phos. level while phosphorus replacement ordered unless otherwise specified by MD

PHOSPHATE REPLACEMENT IV (PO₄) (Normal: 2.5 – 4.5)

- If phosphate level < 1.5 Give Sodium Phosphate 30 mmol in D5W 250ml over 6 hours
- If phosphate level 1.5 – 2.3 Give Sodium Phosphate 15 mmol in D5W 150ml over 6 hours
- Recheck phosphate level within 2 hours after infusion completed
- If level still out of range repeat replacement or: Call MD
- Pharmacy to use potassium phosphate if both potassium and phosphate are to be replaced or sodium is > 145. (K+ will be subtracted from the total K+ required for replacement if applicable)
- If potassium phosphate is used, follow IV K+ administration guidelines for concentration and rate.

Caution: Do not put IVPB phosphate into IV solutions containing calcium

Infuse via central line whenever possible.

PHOSPHATE REPLACEMENT ORAL (PO₄)

- If phosphate level < 1.5 use IV replacement as above.
- For phosphate level 1.5 – 2.3 Give Neutra-phos - 1 packet PO TID for 2 days
- Recheck phosphate level in AM after Neutra-phos therapy completed
- If phosphate level still out of range call MD
- If both PO and IV boxes are checked, the PO phosphate replacement order is to be followed unless patient is unable to tolerate or phosphate level is < 1.5.

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time: