

# PHOSPHORUS

## Electrolyte Replacement Protocol

### Criteria for Usage:

- **Replacement to be oral if patient is not NPO and able to tolerate oral diet**
- **Protocol must be renewed every 72 hours by Physician**
- **Electrolyte replacement must be ordered within 4 hours of lab results**
- Notify physician if a patient is in the lowest bracket of replacement therapy
- Weight is greater than 50 kg
- Serum creatinine must be less than 2 mg/dL
- Estimated creatinine clearance must be greater than 30 mL/minute
- Patient does not have an active dialysis order
- DKA or HHS Insulin Advisor is not active
- Patient with active digoxin order requires Cardiac/Telemetry monitoring due to the risk of heart block

### Sodium Phosphate – Oral

Phosphorus Level (mg/dL)	Route	Replacement
less than 1.0	Oral	Notify Provider for Intravenous Phosphate Replacement
1.0 – 2.0	Oral	Neutra-Phos (potassium phosphate-sodium phosphate) 2 Packets, Oral, TID, 3 Doses Total Dose = 6 packets = 48 mMol phosphorus and 42.6 mEq potassium

### Sodium Phosphate – IV

Phosphorus Level (mg/dL)	Route	Replacement
less than 1.0, notify MD	Central	sodium phosphate 30 mmol, IV Piggyback, Once, Administer over: 6 hr
1.0 – 2.0	Peripheral or Central	sodium phosphate 15 mmol, IV Piggyback, Once, Administer over: 4 hr