

**CRITICAL CARE MEDICINE PHOSPHOROUS REPLACEMENT
ORDER SHEET - CRITICAL CARE ONLY**

PATIENT PLATE

- Check appropriate box to initiate orders

Hold Replacement and Notify MD If:

If urine output is less than 0.5 milliliters/kg/hour or less than 240 milliliters/8 hours.
Serum creatinine is greater than 1.5 mg/dl or creatinine clearance <30 ml/minute
Round all IV doses to nearest 5 mMol

Patient weight in kilograms: _____

For routine phosphorous replacement

PO or NG tube Phosphorous Replacement		
Serum Phosphorous (PO4)	Treatments	Labs
> 2.5 mg/dL	No replacement.	Check serum Sodium Phosphorous level in AM.
2 – 2.5 mg/dL	1 Sodium Phosphorous packet TID x 3 doses.	Check serum Sodium Phosphorous level with AM labs.
1.5 – 1.99 mg/dL	2 Sodium Phosphorous packet TID x 6 doses.	Check serum Sodium Phosphorous level with AM labs.
< 1.5 mg/dL	Only IV replacement – See table below.	See below.

If patient does not tolerate or cannot take PO, or has PO4 level <1.5 mg/dL

IV Phosphorous Replacement		
Serum Phosphorous (PO4)	Treatments	Labs
> 2.5 mg/dL	No replacement.	Check serum Sodium Phosphorous level with AM labs.
2 – 2.5 mg/dL	0.25 mMol/kg of Sodium Phosphate in 250 cc of 0.9% saline infused at a maximum rate of 10 mMol/hour.	Check serum Sodium Phosphorous level with AM labs.
1.5 – 1.99 mg/dL	0.35 mMol/kg of Sodium Phosphate in 0.9% saline infused at 10 mMol/hour.	Check serum Sodium Phosphorous with AM labs.
< 1.5 mg/dL	0.5 mMol/kg of Sodium Phosphate in 0.9% saline at rate of 10 mMol/hour.	Check serum Sodium Phosphorous level six hours after infusion completed.

SIGNATURE _____ TITLE _____ DATE _____ TIME _____ PRINTED _____

HOSPITAL
Healthcare System

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