

Phosphate Polyfusor Infusion

- Oral replacement should be considered for mild to moderate hypophosphatemia ($PO_4 > 0.6$)
Phosphate Sandoz 1-2 TDS reviewed daily after 2 days (each tablet contains 16.1mmol phosphate, 20.1mmol sodium and 3.1mmol potassium)
- IV replacement should be considered if the patient is symptomatic, has severe hypophosphatemia ($PO_4 < 0.6$) or is unable to absorb oral supplements
- In oedematous patients use the estimated dry weight for dosing
- Patients with pre-existing hypocalcaemia should have their calcium corrected before replacing phosphate as phosphate supplementation may exacerbate hypocalcaemia.
- Phosphate Polyfusors should be prescribed with caution in patients with cardiac failure, peripheral or pulmonary oedema, renal impairment or conditions which predispose the patient to hyperkalaemia due to the potassium and sodium content of the Phosphate Polyfusor.
- 500ml of a Phosphate Polyfusor contains: 50mmol phosphate, 81mmol sodium, 9.5mmol potassium

Intravenous Guidance

Phosphate level	Weight < 40kg			Weight 40 - 60kg			Weight 61 – 80kg			Weight 81 – 120kg		
	PO ₄ dose (mmol)	Volume to be administered (ml)	Rate (ml/hr)	PO ₄ dose (mmol)	Volume to be administered (ml)	Rate (ml/hr)	PO ₄ dose (mmol)	Volume to be administered (ml)	Rate (ml/hr)	PO ₄ dose (mmol)	Volume to be administered (ml)	Rate (ml/hr)
0.3 -0.6 mmol/L	10mmol	100mL	8 ml/hr	10mmol	100mL	8 ml/hr	15mmol	150mL	12 ml/hr	20mmol	200mL	17 ml/hr
Less than 0.3 mmol/L	10mmol	100mL	8 ml/hr	25mmol	250mL	21 ml/hr	35mmol	350mL	29 ml/hr	50mmol	500mL	41 ml/hr

Prescription and administration protocols are overleaf

