**Standard Phosphorous (PO₄) Replacement Protocol**  
*(For All Patient Types and All Units)*

**Important:** Pharmacy must receive a copy of all medication orders (new & change orders). Please scan to Pharmacy As Soon As Possible.

### Orders

#### Standard Phosphorus Replacement

**Target PO₄ Level:**
- [ ] Greater than or equal to 2.5 mg/dL
- [ ] Other ________________________

**Exclusion Criteria:** Do NOT initiate this protocol if
1. Serum creatinine is greater than 2 mg/dL  
2. Patient weight is less than 45 kg  
3. Patient is on dialysis or CRRT  
4. Urine output is less than either 20 ml per hour, 175 ml per 8-hour shift, or 250 ml per 12-hour shift

**Record reason for MD override if applicable:** ____________________________________________________

- [ ] Lab - Serum Creatinine (if the most recent result is greater than 48 hours old)

### Instructions

(Choose the appropriate route based on patient's condition.)

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Serum PO₄ 1 or lower</th>
<th>Serum PO₄ 1.1 to 1.7</th>
<th>Serum PO₄ 1.8 to 2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer K-Phos Original Tablet PO (preferred). 1</td>
<td>3 Tablets of 3.6 mmol K-Phos Original PO every 4 hrs. x 3 doses (includes 33 mEq K total*)</td>
<td>2 Tablets of 3.6 mmol K-Phos Original PO every 4 hrs. x 3 doses (includes 22 mEq K total*)</td>
<td></td>
</tr>
<tr>
<td>Administer Na Phosphate IV IF patient has nausea, vomiting, diarrhea, NG to suction, or NPO. 2</td>
<td>45 mmol Phos IV over 6 hours (includes 1,380 mg Na**) <strong>AND</strong> Call MD</td>
<td>30 mmol Phos IV over 4 hours (includes 920 mg Na**)</td>
<td>15 mmol Phos IV over 4 hours (includes 460 mg Na**)</td>
</tr>
</tbody>
</table>

**Lab Draw – PO₄ Level**

**NOTE:** Consider timing based on patient's other medications and symptoms.

- 1 hour after dose completed
- IF ICU/Tele status: 2 hours after last dose; **IF Med/Surg status:** 2 hours after last dose, or with next lab draw if within 12 hours
- IF ICU/Tele status: 2 hours after last dose; **IF Med/Surg status:** in a.m.

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1. **NOTE:** Please be aware of cumulative potassium dose for patients also on potassium replacement.  
2. **NOTE:** Please be aware of potential concerns associated with patients on low-sodium diet.

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Date          Time                         Physician/LIP Signature