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 mEq.

☐ Patient weight in kilograms: __________

☐ For routine phosphorous replacement

<table>
<thead>
<tr>
<th>Serum Phosphorous (PO4)</th>
<th>Treatments</th>
<th>Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 2.5 mg/dL</td>
<td>No replacement.</td>
<td>Check serum Sodium Phosphorous level in AM.</td>
</tr>
<tr>
<td>2 - 2.5 mg/dL</td>
<td>1 Sodium Phosphorous packet TID x 3 doses.</td>
<td>Check serum Sodium Phosphorous level with AM labs.</td>
</tr>
<tr>
<td>1.5 - 1.99 mg/dL</td>
<td>2 Sodium Phosphorous packet TID x 6 doses.</td>
<td>Check serum Sodium Phosphorous level with AM labs.</td>
</tr>
<tr>
<td>&lt; 1.5 mg/dL</td>
<td>Only IV replacement – See table below.</td>
<td>See below.</td>
</tr>
</tbody>
</table>

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

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<tr>
<td>&gt; 2.5 mg/dL</td>
<td>No replacement.</td>
<td>Check serum Sodium Phosphorous level with AM labs.</td>
</tr>
<tr>
<td>2 - 2.5 mg/dL</td>
<td>0.25 mEq/kg of Sodium Phosphate in 250 cc of 0.9% saline infused at a maximum rate of 10 mEq/hour.</td>
<td>Check serum Sodium Phosphorous level with AM labs.</td>
</tr>
<tr>
<td>1.5 - 1.99 mg/dL</td>
<td>0.35 mEq/kg of Sodium Phosphate in 0.9% saline infused at 10 mEq/hour.</td>
<td>Check serum Sodium Phosphorous level with AM labs.</td>
</tr>
<tr>
<td>&lt; 1.5 mg/dL</td>
<td>0.5 mEq/kg of Sodium Phosphate in 0.9% saline at rate of 10 mEq/hour.</td>
<td>Check serum Sodium Phosphorous level six hours after infusion completed.</td>
</tr>
</tbody>
</table>

Signature
Title
Date
Time
Printed

HOSPITAL
Healthcare System