

South Australian Neonatal Medication Guidelines

phosphate sodium (oral)

500mg elemental phosphorus tablets

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Note

Phosphate sodium tablets (Phosphate-Sandoz®) contain 500 mg of elemental phosphorus (equivalent to 16.1mmol phosphate) and must be dispersed in water.

Dose and Indications

Treatment for hypophosphataemia and osteopenia of prematurity

Oral

Doses should always be expressed as mmol of phosphate

0.5mmol/kg/dose, given 2 to 3 times a day

Adjust according to calcium and phosphate levels

Preparation and Administration

Oral

There are **TWO STEPS** to this process.

STEP ONE: Dissolve one tablet of phosphate sodium (16.1mmol) in 10mL of sterile water.

STEP TWO: Further dilute the above solution with sterile water to a final volume of 16mL. The final solution contains 1mmol/mL of phosphate.

Dose	0.25mmol	0.5mmol	0.75mmol	1.0mmol	1.25mmol
Volume	0.25mL	0.5mL	0.75mL	1.0mL	1.25mL



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Adverse Effects

Common

Nausea, diarrhoea.

Infrequent

Hypotension, oedema, hypocalcaemia

Monitoring

- > Serum phosphate, calcium, sodium and potassium levels.

Practice Points

- > Doses should be adjusted accordingly to maintain plasma phosphate levels at approximately 2mmol/L.
- > Consideration should be given to the sodium and potassium content of Phosphate-Sandoz[®] tablets in cases of electrolyte imbalance.
- > Each tablet also provides sodium 469mg (equivalent to 20.4mmol), potassium 123mg (equivalent to 3.1mmol).
- > Separate from calcium salts by TWO hours, as concurrent administration may reduce absorption due to binding and formation of insoluble salts.



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Document Ownership & History

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09/2014	V1	SA Health Safety and Quality Strategic Governance Committee	Original SA Health Safety and Quality Strategic Governance Committee approved version

