## UNIVERSITY HOSPITALS OF DERBY & BURTON NHS FOUNDATION TRUST DRUG MONOGRAPH FOR USE ON ADULT INTENSIVE CARE UNITS

## Phosphate (Derby ONLY) (Potassium Acid Phosphate)

(Potassium Acid Phosphate)			
Indication	Hypophosphatemia		
Dose	20mmol		
Preparation	Potassium Acid Phosphate 13.6% injection contains 1mmol phosphate & 1mmol potassium per ml. Peripheral  1. Draw up 20ml of potassium acid phosphate (=20mmol phosphate) using a filter needle 2. Remove 20ml from a 250ml sodium chloride 0.9% bag 3. Add potassium acid phosphate to the sodium chloride 0.9% bag		
	<ol> <li>Central</li> <li>Draw up 20ml (=20mmol phosphate) using a filter needle</li> <li>Remove 20ml from a 100ml sodium chloride 0.9% bag</li> <li>Add potassium acid phosphate to the sodium chloride bag</li> </ol>		
Administration	<ul> <li>Given by infusion over at least 2hours (Max. 10mmol/hr)</li> <li>slower infusion rates ensure better absorption where possible, aim for 6-12 hr infusion time</li> <li>Use the "Potassium Acid Phosphate" program on a Volumetric pump.</li> <li>Volumed VP7000 pump will ask for a rate in mmol of phosphate per hour.</li> <li>Evo-IQ is an amount over time programme so you can programme total mmol over total infusion time.</li> </ul>		
Shelf-life	24 hours at room temperature		
Common Compatibility Issues	Potassium acid phosphate infusions should have a dedicated lumen for the duration of the infusion		
Additional information	** WHERE POSSIBLE REPLACE VIA ENTERAL ROUTE: USING PHOSPHATE SANDOZ 2 TABS TDS for 3-4 days ** Reduced doses required in renal impairment.  The normal phosphate range is 0.8-1.45 mmol/L  A Phosphate Polyfusor or Sodium Glycerophosphate is preferable for patients with hyperkalaemia, renal failure or for patients who are fluid restricted or only have peripheral access.		

	DRUGS ADDED TO THIS INFUSION			
Sample Label	PATIENT A. Patient (A. Number)			WARD ICH
	DRUG Potassium Acid Phosphate inml sodium chloride 0.9%	AMOUNT mmol (mmol/ml)	ADD BY	CHECKED BY
	DATE ADDED TIME ADDED  DISCONTINUE IF CLOUDING	EXP. DATE EXP. TIME	TE DEVE	BATCH No.
	DIGGSTATINGE III GEGODII	TEO ON TREOM TIA	LULVE	

For Review December 2026

## **Documentation Controls**

Development of Guideline:	Pharmacist – Critical Care & Theatres	
Consultation with:	Pharmacy Department, Critical Care Nursing & Medical teams	
Approved By:	Adult Drug Monograph Process Written/Reviewed by Munthar Miah December 2023 Checked By: James Hooley, Medicines Safety Pharmacist, Dec 2023	
Review Date:	December 2026	
Key contact:	Pharmacist – Critical Care & Theatres	

## References

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https://www.medicinescomplete.com/mc/hid/current/index.htm Accessed December 2023. Brayfield A (ed), Martindale: The Complete Drug Reference. [online] London: Pharmaceutical Press < http://www.medicinescomplete.com/> (accessed December 2023).

UKCPA. Minimum Infusion Volumes for Fluid Restricted Critically III Patients. 4<sup>th</sup> Edition (December 2012).

\*\*\* End of Monograph \*\*\*