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

For information on intravenous calcium, see calcium gluconate

Calcium carbonate tablets (Calsup®) 1250 mg contain 500 mg of elemental calcium (equivalent to 12.5mmol) and are soluble in water

Dose and Indications

**Maintenance treatment of hypocalcaemia**

**Oral**

Doses should always be expressed as mmols of elemental calcium

0.5mmol/kg elemental calcium to be given 2 times a day

Adjust according to calcium and phosphate levels

**Phosphate binding**

**Oral**

A quarter of a tablet (3.125mmol) with feeds
Preparation and Administration

**Oral**

Dissolve one tablet of calcium carbonate (12.5mmol) in 12.5mL of sterile water to get a solution of 1mmol/mL

<table>
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<th>Dose</th>
<th>0.25mmol</th>
<th>0.5mmol</th>
<th>0.75mmol</th>
<th>1.0mmol</th>
<th>1.25mmol</th>
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<tbody>
<tr>
<td>Volume</td>
<td>0.25mL</td>
<td>0.5mL</td>
<td>0.75mL</td>
<td>1.0mL</td>
<td>1.25mL</td>
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Give with feeds for phosphate binding

Give away from feeds for calcium supplementation

**Adverse Effects**

**Common**

Gastric irritation, diarrhoea

**Infrequent**

Hypercalcemia, alkalosis, hypophosphatemia

**Rare**

Renal calculi, mild-alkali syndrome

**Monitoring**

- Serum calcium and phosphate levels

**Practice Points**

- Do not mix with other drugs as precipitation may occur
- Clinical effect may be reduced by drugs that increase gastric pH (including sodium bicarbonate)
Document Ownership & History

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<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Review date extended to 5 years following risk assessment. New template.</td>
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