Insert your
Directorate or
Department here



Issue number: Version (1)

Subject: Guideline for Treating and Monitoring Hypocalcaemia for non-critical areas of Trust

Objective: The objective of this guideline is to provide a clear quick

reference guide to support clinicians in the treatment and monitoring of patients with hypocalcaemia as well as how to investigate causes

(serum adjusted calcium ≤1.80mmol/L)

Target Level: Trust-wide

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'CG Approved' logo will be added by CG Dept.

Evidence Base: Rank: A, B, C or D (CSG/CG Dept will categorise

evidence base)

Associated Documents:

Information Classification Label

Data of Lawre 2004

Date of Issue: 2021 Review Date: month & year + 3

REVIEW HISTORY			
Issue No.	Page	Changes made with rationale and impact on practice	Date

Introduction:

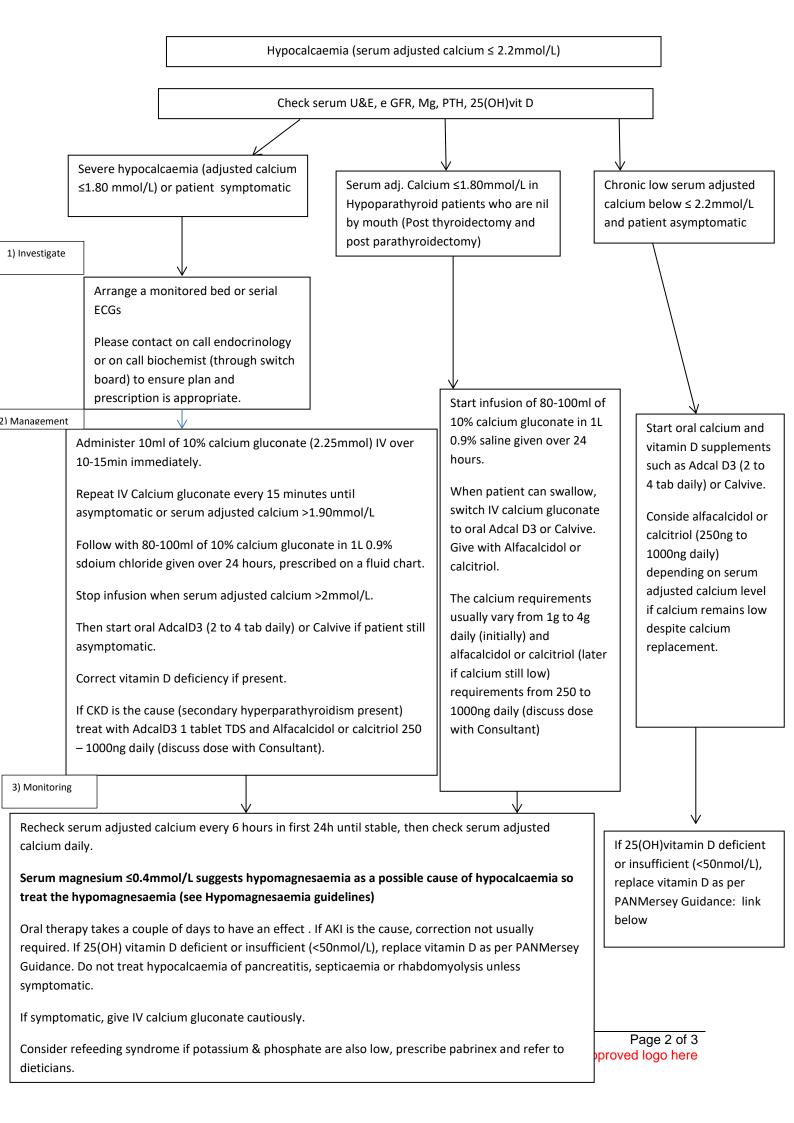
Hypocalcaemia (defined as serum adjusted calcium <2.20mmol/L) commonly encountered in clinical practice. Most patients with mild to moderate hypocalcemia (serum adjusted calcium between 2.20mmol/L and 1.90mmol/L) are usually asymptomatic.

Severe hypocalcaemia (serum adjusted calcium ≤1.80mmol/L) can present with tetany, tingling or numbness in fingers or around mouth, muscle spasm, carpopedal spasms and arrhythmias.

Causes: include hypoparathyroidism (consider clinical history e.g. previous thyroid/parathyroid surgery), alcoholism, CKD, medications (e.g. post-IV bisphosphonate or Denosumab treatment, PPIs, Forscarnet)

Exclude: spurious causes e.g. K-EDTA contamination (from blood tube): raised serum K with low serum adjusted calcium when previous results are normal

Check: serum U&E, eGFR, Magnesium, PTH and 25(OH)vitamin D



Panmersey guideline for the treatment of vitamin D deficiency: https://www.panmerseyapc.nhs.uk/document-store/vitamin-d-deficiency-treatment-in-adults/

For any further advice please contact the Consultant on call for Clinical Biochemistry and Metabolic Medicine(through switch board)