Hypocalcaemia

- Corrected or ionized serum calcium should be used for accurate assessment
- Common causes of true hypocalcaemia are
    - hypoparathyroidism and drugs (including recent rather than current use) and alcohol

Information Required

- Presence of Red Flags
- Duration of symptoms
- Previous neck surgery
- Recent chemotherapy
- Current and previous drug use – bisphosphonates, denosumab, phenytoin
- Associated symptoms

Investigations Required

- Serum total and ionized calcium, albumin, phosphate, Mg, renal function, ALP, PTH, 25 OH Vit D

Fax Referrals to

| GP Plus Marion | 7425 8687 | GP Plus Noarlunga | 8164 9199 |

Red Flags

- 🚩 Tetany
- 🚩 Cramp
- 🚩 Paraesthesia
- 🚩 Corrected serum calcium <1.8mmol/L or ionised calcium <0.9 mmol/L
- 🚩 Seizures
- 🚩 Cardiac arrhythmia
- 🚩 Concurrent hypokalaemia

Suggested GP Management

- If red flags present, discuss with on call registrar
- Ensure hypocalcaemia is real by using corrected or ionized serum calcium
- Check serum PTH
- 25OH vitamin D replacement if deficient
- Start treatment with calcium and calcitriol if symptomatic – discuss with on call registrar if unsure

Clinical Resources

- Therapeutic Guidelines Endocrinology Version 6 (2018)

Version	Date from	Date to	Amendment
1.0	Sept 2014	Sept 2016	Original
2.0	Aug 2021	Aug 2023	Edited document