

Assessment and immediate interventions of hypercalcaemia

The following may be undertaken in the assessment of people with suspected hypercalcaemia.

Thorough assessment

Including systems assessment, glasgow coma scale, medical history, drugs, vitamins and supplements.

ECG

To assess for any underlying or new cardiac arrhythmias.

Strict fluid balance

Input & output.

Blood sampling as clinically indicated

E.g. parathyroid hormone levels, corrected serum calcium, EUC, phosphates & magnesium and vitamin D.

IV access in preparation for further treatment

E.g. hydration and bisphosphonates.

Determine the severity and urgency of intervention required and take the appropriate action.

Moderate cases which produce marked symptoms and severe cases, regardless of symptoms, require prompt treatment.

| Severity | Definition (total corrected serum calcium level) | Symptoms | Action |
|----------|---|---|--|
| Mild | 2.6-2.9 mmol/L | Often asymptomatic. | Does not usually require urgent correction. |
| Moderate | 3.0-3.5 mmol/L | May be well tolerated if has occurred slowly, whilst an acute rise may cause marked symptoms, including: <ul style="list-style-type: none"> • polyuria • polydipsia • dehydration • anorexia • nausea • muscle weakness • cognitive changes. | Prompt treatment is usually indicated. Arrange prompt medical review. |
| Severe | >3.5 mmol/L | May be marked by severe symptoms including: <ul style="list-style-type: none"> • nausea and vomiting • abdominal pain • obtundation • delirium • cardiac arrhythmias (rare). | Requires urgent correction, regardless of symptoms due to the risk of dysrhythmia and coma. Arrange urgent medical review. Address life threatening symptoms - monitor and manage airways, breathing and circulation. |