



1. Should always have a repeat calcium level to confirm the presence of hypercalcemia.

2. Never to use furosemide unless the patient is euvolemic or hypervolemic

3. Symptoms, rather than serum calcium level should be the deciding factor as to the aggressiveness of therapy.

4. IV hydration should be a minimum of 200 cc NS/hr (after the initial 1-2 liters in the ER). If symptomatic, would initiate calcitonin Rx at the outset with plans to only use calcitonin for 24-48 hours total.

Deleted: Alan-

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Looks pretty good. Just a few minor suggestions:

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Deleted: >>> Alan Hunter - 8/24/05

11:01 AM >>>

Jim/Bob - to get the 'endo' sign-off

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can you critique this? Was written by our pharmacist as a 'simple' mgt flow sheet

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thx

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