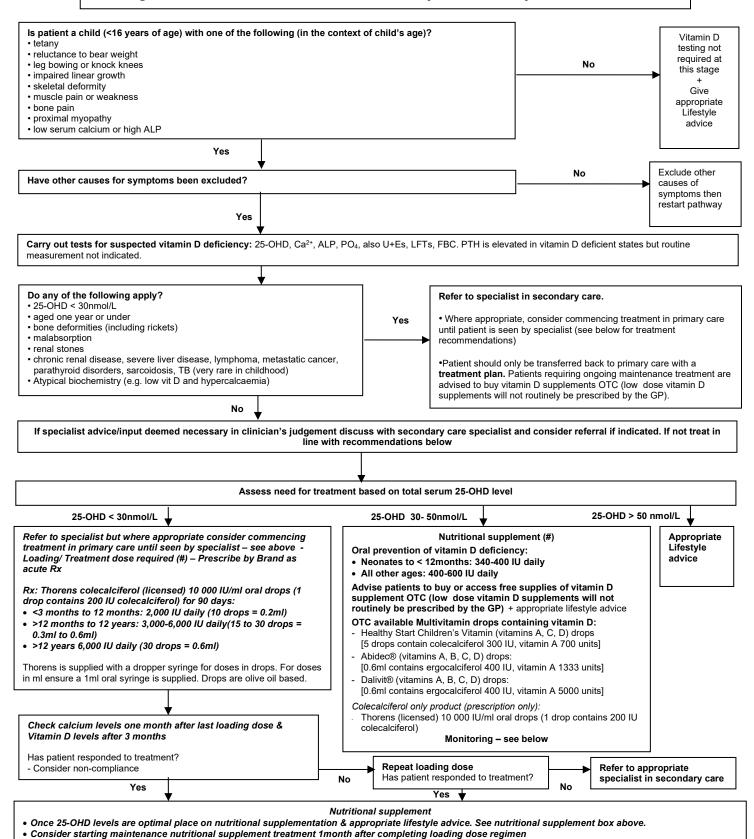
## Investigation and treatment of Vitamin D deficiency / insufficiency in children Flowchart



## MONITORING

- Check adjusted serum calcium 4 weeks after loading regimen or after starting vitamin D supplementation (in case unmasks primary hyperparathyroidism)
- Check 25-OHD levels 3 months after treatment for patients on high (treatment) dose of vitamin D.
- Routine monitoring of 25-OHD not necessary: may be appropriate in patients with symptomatic vitamin D deficiency/malabsorption/poor compliance

## #

For further information on dietary / religious requirements see supporting document on treatment choices

- . Check for allergies (some products may contain peanut (arachis) oil, sunflower oil or soya oil) & special dietary requirements
- Alfacalcidol & calcitrol should only be used in patients who cannot activate vitamin D and should therefore not be used for the routine treatment of primary vitamin D deficiency/insufficiency, as they carry a higher risk of toxicity and require long-term monitoring.
- Patients should be advised of the symptoms of hypercalcaemia (nausea, abdominal pain, thirst, polyuria etc) and advised to stop taking vitamin D supplements and seek medical advice if these occur.