## 10. Appendices

## 1. Management of Hypercalcaemia of Malignancy

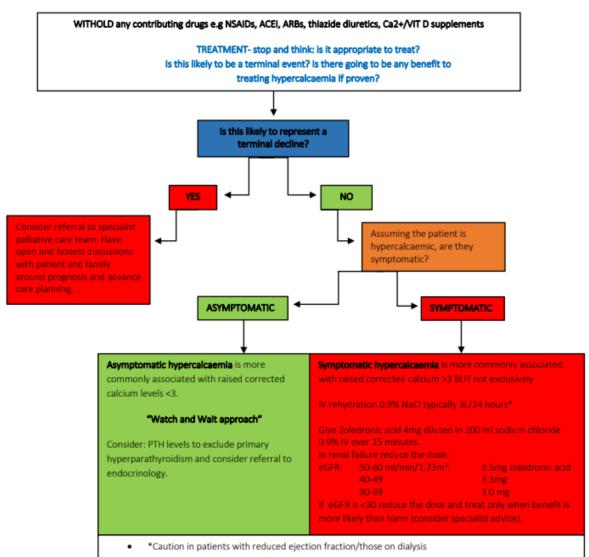
## Typical presentation of hypercalcaemia:

- Nausea and Vomiting
- Confusion
- Polydipsia and polyuria
- Constipation and abdominal pain
- Clinical dehydration
- Agitation, decreased consciousness, seizures

"Bones, stones, groans and moans"

## Investigations:

- FBC, Urea and Electrolytes, Liver function tests
- Bone profile (adjusted calcium)
- PTH level
  - Low in hypercalcemia if malignancy
  - o If high consider primary hyperparathyroidism
- ECG
- Assessment of fluid status



- Advise patient and family to be aware of signs of hypercalcemia. Discuss preferences around future
  management and advance care planning if hypercalcemia recurs
- Re-check serum calcium in 5-7 days
- Review hydration status daily and check U&E as indicated
- Ongoing Management: If hypercalcemia persists OR if this is recurrent high calcium or chronic problems
  discuss with patient's parenting Oncologist or Specialist Palliative Care Team. May need to consider oral
  bisphosphonate for persistent hypercalcemia