Chronic kidney disease stages 4 and 5: phosphate binders

Child or young person with raised serum phosphate

Offer a calcium-based phosphate binder

If serum calcium repeatedly increases towards age-adjusted upper limit:
- investigate causes and
- consider adding or switching to sevelamer carbonate

If a child, young person or adult is taking more than one phosphate binder, titrate dosages to achieve phosphate control while keeping serum calcium in normal range

Adult with raised serum phosphate

Offer calcium acetate unless hypercalcaemia, low serum PTH levels or intolerance

If adults remain hyperphosphataemic on the maximum dose of a calcium-based phosphate binder:
- check adherence, and
- consider adding a non-calcium-based phosphate binder

If calcium acetate or sevelamer carbonate unsuitable, consider:
- sucralfate oxyhydroxide for adults on dialysis who do not need a calcium-based phosphate binder or
- calcium carbonate if a calcium-based phosphate binder is needed

Only consider lanthanum carbonate if other phosphate binders unsuitable

For children, young people and adults, assess serum phosphate at every clinical review, taking account of diet, adherence and other factors (such as vitamin D levels, serum PTH levels or dialysis)