



## For use in South and West Hertfordshire and East and North Hertfordshire

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

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

Is patient a child (<16 years of age) with one of the following (in the	context	t of child's age)?	•			Vitamin D
• tetany						testing not
reluctance to bear weight					No	required at
<ul> <li>leg bowing or knock knees</li> <li>impaired linear growth</li> </ul>					NU	this stage
skeletal deformity						+
muscle pain or weakness						Give
bone pain						appropriate Lifestyle
proximal myopathy						advice
low serum calcium or high ALP						danioo
Yes						
Have other causes for symptoms been excluded?				٦	No	Exclude other causes of
						symptoms then
Yes						restart pathway
Carry out tests for suspected vitamin D deficiency: 25-OHD, Ca <sup>2+</sup> , A		also U+Es 1 ETs	S FBC PTH is elev	ated in vitamin	D deficient states b	out routine
measurement not indicated.		, 0.00 0 . 20, 21	.,			
<b>+</b>		-				
Do any of the following apply? • 25-OHD < 30nmol/L			Refer to special	st in seconda	ry care.	
<ul> <li>aged one year or under</li> <li>bone deformities (including rickets)</li> </ul>		Yes			ommencing treatme	
malabsorption			recommendation		t (see below for trea	atment
• renal stones			recommentations	"		
· chronic renal disease, severe liver disease, lymphoma, metastatic cand	cer,		•Patient should o	nlv be transfer	red back to primary	care with a
parathyroid disorders, sarcoidosis, TB (very rare in childhood)					ng ongoing mainter	
<ul> <li>Atypical biochemistry (e.g. low vit D and hypercalcaemia)</li> </ul>			advised to buy vi	amin D supple	ments OTC (low de	ose vitamin D
		<b>_</b>	supplements will	not routinely be	e prescribed by the	GP).
No 🚽						
If specialist advice/input deemed necessary in clinician's judgeme		uss with second ommendations b		and conside	r referral if indicate	ed. If not treat in
		Ļ				
Assess need for tre	atment	based on total s	erum 25-OHD leve	I		
					25-OHD > 50	
25-OHD < 30nmol/L						
¥		25-OHD 30-5			20 0110 > 00	╷┌──▼───
Refer to specialist but where appropriate consider commencing			Nutritional supp		20 0110 2 00	Appropriate
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