

**Dietary Reference Intakes (DRIs): Tolerable Upper Intake Levels, Elements Food and Nutrition Board, National Academies**

Life-Stage Group	Arsenic <sup>a</sup>	Boron (mg/d)	Calcium (mg/d)	Chromium	Copper (µg/d)	Fluoride (mg/d)	Iodine (µg/d)	Iron (mg/d)	Magnesium (mg/d) <sup>b</sup>	Manganese (mg/d)	Molybdenum (µg/d)	Nickel (mg/d)	Phosphorus (g/d)	Potassium	Selenium (µg/d)	Silicon <sup>c</sup>
<b>Infants</b>																
0–6 mo	ND <sup>f</sup>	ND	1,000 <sup>g</sup>	ND	ND	0.7	ND	40	ND	ND	ND	ND	ND	ND <sup>h</sup>	45	ND
7–12 mo	ND	ND	1,500 <sup>g</sup>	ND	ND	0.9	ND	40	ND	ND	ND	ND	ND	ND <sup>h</sup>	60	ND
<b>Children</b>																
1–3 y	ND	3	2,500	ND	1,000	1.3	200	40	65	2	300	0.2	3	ND <sup>h</sup>	90	ND
4–8 y	ND	6	2,500	ND	3,000	2.2	300	40	110	3	600	0.3	3	ND <sup>h</sup>	150	ND
<b>Males</b>																
9–13 y	ND	11	3,000	ND	5,000	10	600	40	350	6	1,100	0.6	4	ND <sup>h</sup>	280	ND
14–18 y	ND	17	3,000	ND	8,000	10	900	45	350	9	1,700	1.0	4	ND <sup>h</sup>	400	ND
19–30 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
31–50 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
51–70 y	ND	20	2,000	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
> 70 y	ND	20	2,000	ND	10,000	10	1,100	45	350	11	2,000	1.0	3	ND <sup>h</sup>	400	ND
<b>Females</b>																
9–13 y	ND	11	3,000	ND	5,000	10	600	40	350	6	1,100	0.6	4	ND <sup>h</sup>	280	ND
14–18 y	ND	17	3,000	ND	8,000	10	900	45	350	9	1,700	1.0	4	ND <sup>h</sup>	400	ND
19–30 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
31–50 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
51–70 y	ND	20	2,000	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
> 70 y	ND	20	2,000	ND	10,000	10	1,100	45	350	11	2,000	1.0	3	ND <sup>h</sup>	400	ND
<b>Pregnancy</b>																
14–18 y	ND	17	3,000	ND	8,000	10	900	45	350	9	1,700	1.0	3.5	ND <sup>h</sup>	400	ND
19–30 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	3.5	ND <sup>h</sup>	400	ND
31–50 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	3.5	ND <sup>h</sup>	400	ND
<b>Lactation</b>																
14–18 y	ND	17	3,000	ND	8,000	10	900	45	350	9	1,700	1.0	4	ND <sup>h</sup>	400	ND
19–30 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND
31–50 y	ND	20	2,500	ND	10,000	10	1,100	45	350	11	2,000	1.0	4	ND <sup>h</sup>	400	ND

NOTES: A Tolerable Upper Intake Level (UL) is the highest level of daily nutrient intake that is likely to pose no risk of adverse health effects to almost all individuals in the general population. Unless otherwise specified, the UL represents total intake from food, water, and supplements. Because of a lack of suitable data, ULs could not be established for arsenic, chromium, potassium, silicon, sulfate, or sodium. In the absence of a UL, extra caution may be warranted in consuming levels above recommended intakes. Members of the general population should be advised not to routinely exceed the UL. The UL is not meant to apply to individuals who are treated with the nutrient under medical supervision or to individuals with predisposing conditions that modify their sensitivity to the nutrient.

- a Although the UL was not determined for arsenic, there is no justification for adding arsenic to food or supplements.
- b The ULs for magnesium represent intake from a pharmacological agent only and do not include intake from food and water.
- c Although silicon has not been shown to cause adverse effects in humans, there is no justification for adding silicon to supplements.
- d Although vanadium in food has not been shown to cause adverse effects in humans, there is no justification for adding vanadium to food and vanadium supplements should be used with caution. The UL is based on adverse effects in laboratory animals, and this data could be used to set a UL for adults but not children and adolescents.
- e The lowest level of intake for which there was sufficient strength of evidence to characterize a chronic disease risk reduction was used to derive the sodium Chronic Disease Risk Reduction Intake (CDRR) values.
- f ND = Not determinable owing to lack of data of adverse effects in this age group and concern with regard to lack of ability to handle excess amounts. Source of intake should be from food only to prevent high levels of intake.
- g Life-stage groups for infants were 0–5.9 and 6–11.9 months.
- h

ND = Not determinable owing to a lack of data of a specific toxicological adverse effect. SOURCES: *Dietary Reference Intakes for Calcium, Phosphorous, Magnesium, Vitamin D, and Fluoride* (1997); *Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B<sub>6</sub>, Folate, Vitamin B<sub>12</sub>, Pantothenic Acid, Biotin, and Choline* (1998); *Dietary Reference Intakes for Vitamin C, Vitamin E, Selenium, and Carotenoids* (2000); *Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc* (2001); *Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate* (2005); *Dietary Reference Intakes for Calcium and Vitamin D* (2011); and *Dietary Reference Intakes for Sodium and Potassium* (2019). These reports may be accessed via [www.nap.edu](http://www.nap.edu).

From: [Appendix J, Dietary Reference Intakes Summary Tables](#)



Dietary Reference Intakes for Sodium and Potassium.

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