





Directions for use Read carefully!

Glucose Intravenous Infusion B.P. 5% and 10%

Composition

Each 100 ml contains:

Glucose Intravenous Infusion B.P.

	5%	10%
Glucose Monohydrate		
for Parenteral Use	5.5 g	11.0 g
Water for Injections to	100 ml	100 ml
Caloric value kJ/l	850	1700
kcal/l	200	400
Osmolarity mOsm/l	278	556
Dhysical Description		

Physical Description

A colourless solution; solutions containing 20% w/v or more of glucose, $C_6H_{12}O_{64}$ may be not more than faintly straw-coloured.

Characteristics

Glucose Intravenous Infusion are an indispensable element in every I.V. therapy, especially with regard to the supply of energy. Glucose is the only natural substrate which is directly utilised by all body tissues. Certain tissues and organs cover their energy needs exclusively with glucose, i.e. brain, peripheral nerves, red blood cells, bone marrow, renal medulla etc.

Indications

Energy supply,

Hypertonic dehydration,

Vehicle solution for supplementary medication.

Dosage

Adult patients

According to individual requirements:

Glucose 5%: up to 40 ml/kg of body weight/day Glucose 10%: up to 30 ml/kg of body weight/day

Drop rate (for patients with approximately 70 kg

of body weight):

Glucose 5%: up to 120 drops/min ≜ 360 ml/h Glucose 10%: up to 60 drops/min ≜ 180 ml/h

Pediatric patients

Mean requirements/kg of body weight/day.

1st year of life: 8 -15 g glucose 2nd year of life: 12 - 15 g glucose 3rd - 5th year of life: 12 g glucose 6th - 10th year of life: 10 g glucose

Drop rate:

Glucose 5%: up to 180 drops/kg of body

weight/hour

Glucose 10%: up to 120 drops/kg of body

weight/hour

Route of administration

I.V.

Side effects

Hyperglycaemia and renal losses may occur in case of reduced glucose tolerance. These manifestations are normally prevented by reducing the dosage and/or by giving insulin. Enhanced







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bilirubin and lactate levels may be found if the recommended dosage is exceeded.

Contraindications

Diabetes mellitus (with the exception of hypoglycaemic conditions).

Glucose intolerance.

Hypotonic dehydration if lacking electrolytes are not replaced.

Overhydration.

Hypokalaemia.

Precautions

Blood glucose, serum electrolytes, and water balance should be monitored regularly. Electrolytes are to be supplemented as required. The compatibility of any additives to these solutions should be checked before use.

Glucose solutions should not be administered through the same infusion set through which also blood has or may be given because of the risk of pseudoagglutination.

Symptoms and treatment for overdosage

If hyperglycaemia or glycosuria occur, a reduction of dosage and injection rate, or an insulin administration is recommended.

Usage during pregnancy

Rapid infusions of solutions with 25 g or more glucose lead to foetal acidosis and neonatal hyperinsulinaemia, hypoglycaemia and jaundice. It is recommended to limit infusion to not more than 6 g glucose per hour just before delivery, until a safe rate of administration is established.

Shelf life

The product must not be used beyond the expiry date stated on the label.

Storage

The product should not be stored above the temperature stated on the label.

Presentation

100 ml, 250 ml, 500 ml, 1000 ml plastic contain-

500 ml, 1000 ml PVC bag

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