



NEONATAL Medication Monograph

SODIUM CHLORIDE 3%

Hypertonic Saline for 'Fast Correction'





This document should be read in conjunction with this [DISCLAIMER](#)

Highly Restricted: Requires Neonatologist approval before commencing

⚠ HIGH RISK Medication

Presentation	IV: Sodium Chloride 3% 1000mL bags (PCH) contains 0.513 mmol of sodium per mL
Description	Electrolyte supplement
Indications	'Fast correction' using intravenous sodium chloride 3% is reserved for symptomatic (e.g. seizures) and severe hyponatraemia (serum sodium level <120mmol/L). Approval from Neonatologist is required prior to prescribing and administration.
Precautions	Avoid rapid correction (i.e. >8mmol/L increase in serum sodium over 24 hours) can cause brain damage <ul style="list-style-type: none"> Hyponatraemic seizures usually stop with a correction of only 3-5 mmol/L.
Dosage	1mL to 3mL/kg over 15 minutes OR 2mL/kg/hour until serum sodium reaches 120mmol/L
Adverse Reactions	Common: hypernatraemia Serious: Rapid infusion can cause pulmonary oedema, respiratory arrest, renal failure, convulsions, coma, central pontine myelinolysis
Compatible Fluids	Glucose 5%, Glucose 10%
Preparation	Use undiluted.

Administration	<p>Give via central line if available. If giving through UVC make sure the tip of the UVC is not in the heart or the liver.</p> <p>If administered peripherally, monitor carefully for potential extravasation and local tissue damage.</p>
Monitoring	<p>Monitor serum sodium 2 to 4 hourly.</p> <p>Monitor for signs of fluid overload and infusion site.</p> <p>Once symptoms resolve and the serum sodium is >120mmol/L, a slow correction can be given over 24 hours.</p> <p>'Fast correction' using sodium chloride 3% at 2mL/kg/hour should raise serum sodium by 2mmol/L/hour.</p>
Storage	Store at room temperature, below 25°C
References	<p>Gomella et al, Neonatology 7th Edition</p> <p>Sodium chloride Paediatric drug information [Internet], UpToDate [Online database]. Cited August 2020</p>

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