<table>
<thead>
<tr>
<th><strong>DRUG:</strong></th>
<th>CHOLECALCIFEROL (VITAMIN D)</th>
</tr>
</thead>
</table>
| **PRESENTATION** | Oral solution: 5000 units per mL  
*Pentavite®*(Multivitamin solution): 400 units / 0.45mL (ref. Vitamins, Infant) |
| **ACTION & INDICATION** | Nutritional or physiological deficiency:  
Rickets  
Intestinal malabsorption  
Chronic liver disease  
Hypoparathyroidism  
All infants born <35 weeks who are tolerating full enteral feeds,  
All breastfed babies of vitamin D deficient mothers |
| **DOSE:** | **ALL infants born <35 weeks** who are tolerating full enteral feeds,  
Cholecalciferol solution 500 units (0.1mL) ONCE daily with a milk or formula feed until discharge.  
Infants who are receiving unfortified breast milk must also receive Pentavite 0.45mL daily  
Ref: Vitamin and Mineral Supplement table  
**For breastfed babies of Vitamin D deficient mothers**  
**Mild maternal vitamin D deficiency (25-50nmol/L)**  
Pentavite (Vitamin D 400 units) 0.45mL DAILY until 12 months of age.  
**Moderate to severe maternal vitamin D deficiency (<25nmol/L)**  
Cholecalciferol 1000 units DAILY for 3 months  
This can be given as either  
Cholecalciferol oral solution 1000 units (0.2mL) DAILY  
**OR**  
Pentavite (Vitamin D 400 units) 0.45mL DAILY and Cholecalciferol oral solution 500 units (0.1mL) DAILY then follow this with  
Pentavite (Vitamin D 400 units) 0.45mL until 12 months of age. |
| **ADMINISTRATION:** | Oral:  
**ALL infants born <35 weeks** who are tolerating full enteral feeds, and infants of Vitamin D deficient mothers:  
Give with feeds |
COMMENTS: Both fortifier and formula contain Vitamin D (Cholecalciferol)

ADVERSE EFFECTS: Symptoms of Cholecalciferol over dosage include:
anorexia, lassitude, nausea, vomiting, diarrhoea, weight loss, polyuria,
sweating, headache, thirst, vertigo, raised concentrations of calcium and
phosphate in plasma and urine

REFERENCE: NCCU Clinical Guidelines  Section 6: Enteral feeding 2012
Neonatal Postnatal Clinical Guidelines – Maternal Vitamin D deficiency
August 2011
Paediatric Pharmacopoeia 13th Ed Royal Children’s Hospital Melbourne
BNF for Children 2010-2011

DATE: August 2013

VITAMIN and MINERAL SUPPLEMENTS

EBM = Expressed breast milk
PDHM = Pasteurised donor human milk

<table>
<thead>
<tr>
<th></th>
<th>Fortified EBM/PDHM</th>
<th>Preterm/Term Formula</th>
<th>Unfortified EBM/PDHM and/or Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cholecalciferol</strong> (Vitamin D)</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>0.1mL (500units) ONCE daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pentavite</strong></td>
<td>X</td>
<td>X</td>
<td>√</td>
</tr>
<tr>
<td>0.45mL daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ferrous sulphate mixture</strong></td>
<td>√</td>
<td>X</td>
<td>√ *</td>
</tr>
<tr>
<td>Prophylaxis 0.2mL/kg/dose 12 hourly</td>
<td></td>
<td>ONLY if fortifier does not contain iron</td>
<td></td>
</tr>
</tbody>
</table>

*All infants fed breast milk at discharge require an iron supplement until 4 months corrected age.