

NEONATAL Medication Monograph

CALCIUM GLUCONATE 10%

This document should be read in conjunction with this **DISCLAIMER**

Restricted: Requires Neonatologist review within 24 hours of initiation

A HIGH RISK Medication

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Presentation	Vial: 2.2 mmol calcium in 10mL = 0.22 mmol/mL				
Description	Electrolyte Replacement				
Indications	 Hypocalcaemia; including seizures Ionised calcium less than 0.65 mmol/L (<0.75 mmol/L if symptomatic) Hyperkalaemia 				
Contraindications	Contraindicated in patients with ventricular fibrillation or hypercalcaemia				
Dose	Note: Prescribe calcium salt in full (i.e. calcium gluconate) and strength (i.e. 10%). Dose should be expressed as 'mmol' IV: Urgent correction: 0.22 to 0.44 mmol/kg (1 to 2 mL/kg) over 10 minutes. Maintenance Infusion 0.44 to 0.88mmol/kg/day (2 to 4 mL/kg) over 24 hours				
	Maximum 0.88 mmol/ kg/ day				
Dosage Adjustment	Adjust according to calcium levels				
Adverse	Common: abdominal distension, constipation				
Reactions	Serious: Extravasation causing tissue necrosis; rapid infusion may cause bradycardia, hypotension and peripheral vasodilation				

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Interactions	Calcium Gluconate has a number of interactions – contact the Pharmacy department for further information					
	 Calcium gluconate interact with Fat emulsion - not to be given with TPN 					
	 Do not mix with any medicine that contains phosphates, carbonates or sulfates 					
	DO NOT MIX WITH SODIUM BICARBONATE					
Compatible Fluids	Glucose 5% , Sodium chloride 0.9%					
Preparation	Urgent Correction:					
Freparation	Prepare a 1:1 dilution of Calcium Gluconate for administration.					
	e.g. for a 0.22 mmol dose (1 mL) dilute with 1 mL of a compatible fluid to a final volume of 2 mL.					
	Maintananainfinian					
	Maintenance infusion:					
	Dilute calculated dose to a final volume of 25mL with a compatible fluid.					
Administration	For intravenous use only — Avoid intra-arterial, intramuscular or subcutaneous administration as calcium gluconate 10% is extreme irritant and may cause severe necrosis.					
	Maintenance Infusion: Infuse at 1 mL/hour					
	Use central line if available					
	If administering through UVC ensure tip of UVC is not in the heart or liver					
	For rapid administration, push dose at a rate of 0.23 mmol/minute to reduce the risk of phlebitis/extravasation.					
Monitoring	Serum calcium and ionised calcium concentrations.					
	Cardiac monitoring during administration. The ECG should be monitored for evidence of hypercalcaemia, bradycardia and other arrhythmias (stop infusion if heart rate is less than 100 beats per minute).					
Storage	Store at room temperature, below 25°C					
	The solution may precipitate at low temperatures and must be discarded if it is cloudy or contains particles					
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Related clinical guidelines	Exchange Transfusion Management of Hyperkalaemia General complications following cardiac surgery and management Prescribing and administration of medications to neonates				
References	Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index: a universal resource for clinicians treating pediatric and neonatal patients. 23rd ed. Hudson (Ohio): Lexicomp; 2019. p2241. Truven Health Analytics. Calcium gluconate. In: Micromedex [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Nov 14]. Available from: http://www.micromedexsolutions.com/ Truven Health Analytics. Calcium gluconate. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Nov 14]. Available from: https://neofax.micromedexsolutions.com/ Society of Hospital Pharmacists of Australia. Calcium gluconate. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 Nov 14]. Available from: http://aidh.hcn.com.au				

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Standards Applicable:	NSQHS Standards: 1 Governance, 3 Infection Control, 4 Medication Safety, 8 Acute Deterioration					

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For any enquiries relating to this guideline, please email KEMH.PharmacyAdmin@health.wa.gov.au

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