

NEONATAL

SODIUM BICARBONATE

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

IV -Restricted: Requires Neonatologist review within 24 hours of initiation

Oral - Unrestricted: Any prescriber may initiate treatment

<u>NOTE:</u> Sodium Bicarbonate is incompatible with a number of medications. Separate Infusion line is recommended where possible/appropriate.

Presentation	Vial: 8.4% 10 mL Vial: 8.4% 100 mL Oral Solution: 8.4% (1 mmol/mL) Each 1ml contains: 1mmol Sodium ions 1mmol Bicarbonate ions
Classification	Alkalinising agent that dissociates to provide bicarbonate ions.
Indication	For correction and treatment of metabolic acidosis. Prolonged cardiopulmonary resuscitation.
Dose	Cardiopulmonary ResuscitationIV/ Umbilical arterial/venous:Sodium bicarbonate is not recommended in a resuscitation situationunless it has progressed greater than 10-15 minutes and a blood gashas demonstrated a severe metabolic acidosis.Dose: 1-2 mmol/kg over 30 minutes of 4.2% sodium bicarbonate.(see preparation section)The dose is to be repeated according to arterial blood gas analysis.Correction of pH:IV:To be used for correcting metabolic acidosis if pH<7.2, BE> -10, and a normal PCO2Dose (mmol) = $0.3 x$ weight (kg) x Base deficit2The above calculation is a HALF correction. Administer dose and assess needs for a subsequent doses.

	Dilute to a concentration of 0.5mmol/mL prior to administration Maintenance of pH IV: Bicarbonate may be infused at a prescribed rate to slowly elevate pH. A rate of 1 – 2 mmol/kg/hour of 4.2% Sodium bicarbonate may be infused peripherally. (<i>see preparation section</i>) 8.4% Sodium bicarbonate must be given into a central vein only where possible Once desired pH is reached this infusion may be ceased.				
	Supplementation				
	Ural : Infant must have reached full feeds 1 mmol/kg/dose every 8 hours				
Monitoring	Monitor acid-base balance.				
	Monitor local infusion site for signs of extravasation.				
Compatible Fluids	Glucose 5%, glucose 10%, sodium chloride 0.9%, sodium chloride 0.45%.				
Preparation	IV/Umbilical arterial/venous Dilution to prepare a HALF strength sodium bicarbonate solution				
	Draw up 10 mL (10 mmol) and add 10 mL of compatible fluid to make a final volume of 20 mL				
	Concentration is 10mmol/20mL = 0.5mmol/mL				
Administration	IV: For correction of metabolic acidosis, infuse dose over 2 to 8 hours (usually slower infusions for smaller babies)				
	Maximum rate in a medical emergency is 10 mmol/minute.				
	<u>Oral:</u> May be given at any time with regard to feeds only if on full feeds.				
Adverse	Commony alkalagia, dyanagaa, raatlaganaga, rayada waakagaa				
Adverse Reactions	myocardial depression, convulsions, coma				
	Serious: hypernatraemia, increased risk of intraventricular haemorrhage, extravasation may cause tissue necrosis				
Storage	Store vials below 30°C.				

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	Diluted solutions may be stored for up to 24 hours at 2–8°C.		
Interactions	Sodium Bicarbonate is not stable with a number of medications. Conta pharmacy for further information.		
	Avoid simultaneous administration of sodium bicarbonate and catecholamines (dopamine, dobutamine, adrenaline (epinephrine), noradrenaline (norepinephrine)) through the same IV catheter or tubing as the sodium bicarbonate solution will inactive the catecholamine.		
Notes	Usually not used in the acute phase of resuscitation - ensure adequate ventilation.		
	Discard vial immediately after use		
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. 24th ed. Hudson (Ohio): Lexicomp; 2401. 2, p1815		
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	Society of Hospital Pharmacists of Australia. Sodium Bicarbonate. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2017 [cited 2019 May 15]. Available from: <u>http://aidh.hcn.com.au</u>		

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