Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

ADULT MEDICATION GUIDELINE	
Sodium Bicarbonate	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Unrestricted

HIGH RISK Medication ⚠

Medication Class

Electrolyte

Presentation

Capsule: 840mg

Solution: 10mmol/10mL (8.4%)

Infusion: 10mmol/10mL (8.4%)

Vial: 10mmol/10mL (8.4%)

Storage

Store at room temperature, below 25°C

Dose

Resuscitation

See WNHS Clinical Practice Guidelines: Adult Resuscitation Drug Protocols

Hyperkalaemia (with metabolic acidosis and volume depletion)

IV injection: Use the 1mmol/mL vial (sodium bicarbonate 8.4%)

50mL (50mmol), undiluted, over 5 to 10 minutes, under ECG control. Repeat in 60 to 120 minutes if necessary.

See NHMS SCGHOPHCG Medication Management Guideline: Hyperkalaemia

Urinary alkalinisation in aspirin and other salicylate poisonings

See WNHS Clinical Practice Guidelines: Adult Resuscitation Drug Protocols

Administration

Refer to the Australian Injectable Drugs Handbook

IV Injection

Give by rapid IV injection in emergency situations, into central venous catheter if possible.

IV Infusion

Dilution: Dilute 100 mmol in 1000 mL of compatible fluid. Concentration is 1 mmol/10mL.

Administration: Infuse into a large vein over 4 to 8 hours.

For urinary alkalinisation, infuse at 25 mmol/hour

Oral

Take with or without food.

Monitoring

ECG, serum pH, urinary pH, electrolytes (bicarbonate, sodium, potassium and calcium)

Monitor the injection site closely. Stop if there is redness of pain. The undiluted solution is highly irritant. Extravasation may cause severe complications including tissue necrosis.

Pregnancy

1st Trimester: Monitoring required

2nd Trimester: Monitoring required

3rd Trimester: Monitoring required

Oral sodium bicarbonate is not recommended as an antacid during pregnancy due to the risk of sodium related fluid retention and resultant complications.

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Considered safe to use.

For more information, please contact KEMH Obstetric Medicines Information Service.

Comments

Sodium bicarbonate is no longer recommended for the management of diabetic ketoacidosis.

Use with caution or avoid in people who require sodium restriction.

Incompatible with many drugs e.g. adrenaline, amiodarone, calcium salts, isoprenaline, magnesium sulphate, midazolam, noradrenaline (norepinephrine).

Related Policies, Procedures & Guidelines

HDWA Mandatory Policies:

WA DOH Recognising and Responding to Acute Deterioration Policy

NHMS Policies:

NHMS SCGHOPHCG Medication Management Guideline: Hyperkalaemia

WNHS Policy:

WNHS Resuscitation trolley checking and equipment (adult & neonatal)

WNHS Recognising and Responding to Acute Clinical Deterioration (Physiological and Mental Health)

WNHS Clinical Practice Guidelines:

WNHS Adult resuscitation drug protocols

WNHS Pharmaceutical and Medicines Management Guidelines:

WNHS High Risk Medicines

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