



# Sodium Chloride

## 0.9% Solution for Intravenous Infusion Electrolyte

### Composition

Each 1000 mL of solution contains  
Sodium chloride

9.00 g

### Electrolytes:

Sodium  
Chloride

154 mmol/L  
154 mmol/L

### Excipients:

Water for injections

### Pharmaceutical form

Solution for infusion  
A clear, colourless aqueous solution

Theoretical osmolarity  
pH

308 mOsm/L  
4.5 – 7.0

### Pharmacotherapeutic group:

Solutions affecting the electrolyte balance, electrolytes  
ATC-code: B05B B01

### Indications

- Fluid and electrolyte substitution in hypochloreaemic alkalosis,
- Chloride losses,
- Short-term intravascular volume substitution,
- Hypotonic dehydration or isotonic dehydration,
- Vehicle solution for compatible electrolyte concentrates and medications,
- Externally for wound irrigation and for moistening of wound tamponades and dressings.

### Dosage and Method of Administration

#### Dosage

##### Adults

The dose is adjusted according to the actual requirements of water and electrolytes:

##### Daily dose:

Up to 40 ml/kg body weight (BW) per day, corresponding to 6 mmol of sodium per kg BW

##### Infusion rate:

Up to 5 ml/kg BW/h.

##### Pressure infusion

In the management of acute volume deficiency, i.e. imminent or manifest hypovolaemic shock, higher doses and infusion rates may be applied, e.g. by pressure infusion.

### Wound irrigation

The amount of solution to be used for wound irrigation or moistening depends on actual requirements

### Paediatric patients

The dose has to be adjusted according to the individual need of water and electrolytes as well as the patient's age, weight and clinical condition. When administering this solution the total daily fluid intake should be taken into account.

### Method of administration

#### Intravenous use

When performing pressure infusion, using solution packed in a flexible container, all air must be expelled from the container and the giving set prior to starting the infusion.

### Contraindications

0.9% Sodium Chloride Solution must not be administered to patients in states of

- hyperhydration.

### Special warnings and precautions for use

#### Special warnings

##### General

0.9% Sodium Chloride Solution should only be administered with caution in cases of

- hypokalaemia
- hypernatraemia
- hyperchloraemia
- disorders where restriction of sodium intake is indicated, such as cardiac insufficiency, generalized oedema, pulmonary oedema, hypertension, eclampsia, severe renal insufficiency.

#### Precautions for use

Clinical monitoring should include checks of the serum ionogram, the water balance, and the acid-base status.

High infusion rates should be avoided in cases of hypertonic dehydration because of possible increases of plasma osmolarity and plasma sodium concentration.

### Interactions with other medicinal products and other forms of interaction

None known

**B | BRAUN**



**Fertility, pregnancy and lactation****Pregnancy**

There is a limited amount of data from the use of 0.9% Sodium Chloride Solution in pregnant women. Animal studies do not indicate direct or indirect harmful effects of 0.9% Sodium Chloride Solution with respect to reproductive toxicity.

As the concentrations of sodium and chloride are similar to that in human body no harmful effects are to be expected if the product is used as indicated.

Therefore 0.9% Sodium Chloride Solution can be used as indicated.

Nevertheless, caution has to be exercised in the presence of eclampsia (see section "Special warnings and precautions for use").

**Lactation**

As the concentration of sodium and chloride are similar to that in human body no harmful effects are to be expected if the product is used as indicated.

0.9% Sodium Chloride Solution can be used as indicated.

**Effects on ability to drive and use machines**

0.9% Sodium Chloride Solution has no influence on the ability to drive and use machines

**Undesirable effects**

Administration of large amounts may lead to hypernatraemia and hyperchloraemia (see section "Overdose").

**Overdose****Symptoms**

Overdose may result in hypernatraemia, hyperchloraemia, overhydration, hyperosmolarity of the serum, and metabolic acidosis.

**Treatment**

Immediate cessation of administration, administration of diuretics with continuous monitoring of serum electrolytes, correction of electrolyte and acid-base imbalances.

**Incompatibilities**

When mixing with other medicinal products, possible incompatibilities should be considered.

**Expiry date**

The product must not be used beyond the expiry date stated on the labelling.

**After dilution or admixture of additives**

From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibilities of the user and would normally not be longer than 24 hours at 2 to 8 ° C, unless dilution has taken place in controlled and validated aseptic conditions.

**Special precautions for storage**

Store at temperatures not exceeding 30°C.

For storage conditions of the diluted medicinal product, see section above.

**Availability**

Plastic bottle 100mL, 500mL and 1L.

(Ecoflac Plus Twin Port)

**DR-XY46124****Instructions for disposal and other handling**

No special requirements for disposal.

The containers are for single use only. After use discard container and any remaining contents.

Only to be used if solution is clear, colourless and the container and its closure are undamaged.

**Caution**

Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

For suspected adverse drug reaction, report to the FDA: [www.fda.gov.ph](http://www.fda.gov.ph)  
Seek medical attention immediately at the first sign of any adverse drug reaction.

**Date of last revision:**

October 2010

**B | BRAUN**

Imported by:

**B. Braun Medical Supplies, Inc.**  
15th Floor Sun Life Centre  
5th Ave. cor. Rizal Drive,  
Bonifacio Global City, Taguig City

Manufactured by:

**B. Braun Medical Industries  
Sdn. Bhd.**  
11900 Bayan Lepas, Penang,  
Malaysia.