



## NEONATAL MEDICATION PROTOCOLS

**SODIUM CHLORIDE**  
Created by: NCCU  
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NCCU Clinical Guidelines  
KEMH/PMH  
Perth, Western Australia

<b>DRUG:</b>	<b>SODIUM CHLORIDE</b>
<b>PRESENTATION:</b>	Ampoule: 2g in 10mL (20%) Contains 3.4mmol of sodium per mL  Oral Solution: 1mmol/mL (KEMH) 2mmol/mL (PMH)
<b>ACTION &amp; INDICATION:</b>	Sodium supplement Hyponatraemia (<130mmol/l)
<b>DOSE:</b>	IV: To calculate dose Required mmol of sodium = weight (kg) x 0.6 x {140 – infant's sodium level (mmol/l)}  Oral: 2 - 4 mmol/kg/day in 3 divided doses
<b>PREPARATION:</b>	IV Infusion: Using sodium chloride 20% Withdraw (required mmol of sodium divided by 3.4)mL. Dilute to 25mL with appropriate diluent Compatible fluids: 5% glucose, 10% glucose
<b>ADMINISTRATION:</b>	IV: Run the infusion at the rate of 1mL per hour Give via central line if available. If giving through UVC make sure the tip of the UVC is not in the heart or the liver.  Oral: May be given at any time with regard to feeds.
<b>ADVERSE EFFECTS:</b>	Rapid infusion can cause pulmonary oedema, respiratory arrest, renal failure, convulsions Monitor serum Sodium 6 hourly Hypernatraemia – monitor electrolytes
<b>REFERENCES:</b>	Paediatric Pharmacopoeia 13 <sup>th</sup> Ed Royal Children's Hospital Melbourne
<b>DATE:</b>	October 2013