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Directions for Use

B. Braun Melsungen AG · Carl-Braun-Straße 1, 34212 Melsungen, Germany



B. Braun Compound Sodium Lactate Intravenous Infusion B.P.

(Hartmann's Solution)

Interactions

6.00 g 3.12 g 0.40 g 0.27 g	Drugs containing oxalate, phosphate, or carbonate/ bicarbonate may cause precipitation upon mixing with B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hartmann's Solution).
	The dosage of B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hartmann's Solution) depends on age, weight and clinical condition of the patient
277 mOsm/l < 1 mmol/l 5.0 - 7.0	Maximum daily dose: 40 ml per kg body weight per day.
	Infusion rate: The infusion rate should be adjusted according to the patient's clinical condition. The infusion rate should normally not exceed the following val-
131 mmol/l 5.4 mmol/l	ues: 5 ml per kg body weight per hour, corresponding to 1.7 drops per kg body weight per min
1.8 mmol/l 112 mmol/l 28 mmol/l	If B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hart- mann's Solution) is used as vehicle solution, the instructions for use relat- ing to the medicament to be added should be observed.
	Children and the elderly According to individual requirements. Precautions re. pressure infusion, see section "Precautions for Use" and figures at the end of this leaflet.
disturbed acid-base	Overdose
	Sumatoms
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Lactate is oxidised and exerts a mild alkalinising effect. On account of the proportion of matabolised anions B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hartmann's Solution) is particularly indicated in patients with a tendency to acidosis.

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Composition 1000 ml of solution contain

Active substances: Sodium Chloride Sodium Lactate Potassium Chloride Calcium Chloride Dihydrate
Excipients: Water for Injections
Theoretical osmolarity: Titration acidity: pH:
Electrolyte concentrations: Sodium Potassium Calcium Chloride Lactate

Pharmaceutical form Solution for infusion

Pharmaco-therapeutic group

Solution for fluid and electrolyte supply.

Indications

- Fluid and electrolyte substitution in conditions of undisturbed acid-base balance or mild acidosis;
- Isotonic and hypotonic dehydration;
- Short-term intravascular fluid replacement;
- Vehicle solution for electrolyte concentrates and compatible

Contraindications

B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hartmann's Solution) must not be administered to patients in states of hyperhydration.

Special warnings and precautions for use

B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hartmann's Solution) should only be administered with particular caution in the presence of the following conditions:

- Hypertonic dehydration,
- Hyperkalaemia
- Hypernatraemia,
- Hyperchloraemia,
- Renal insufficiency with tendency to hyperkalaemia,
- Disorders necessitating restriction of sodium intake, such as cardiac insufficiency, generalised oedema, pulmonary oedema, hypertension, eclampsia, severe renal insufficiency
- Clincal monitoring should include regular checks of the serum ionogram and the water balance.

In case of pressure infusion, which may be necessary in vital emergencies, all air must be removed from the container and the infusion set before the solution is administered.

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Pharmacokinetics

Administration of B. Braun Compound Sodium Lactate Intravenous Infusion B.P. (Hartmann's Solution) directly results in replenishment of the interstitial space which amounts to about 2/3 of the extracellular space. Only 1/3 of the administered volume stays in the intravascular space. Thus the solution has a short haemodynamic effect.

Expiry date

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

Instructions for storage / use / handling Only to be used if solution is clear and the container undamaged.

General guidelines on fluid and electrolyte intake:

physiological basic fluid requirements. Post-operatively and in intensive stances excreted). care patients there is an increased requirement for fluid intake on account The basic substitution of the most important cations sodium and potassiof the limited concentrating capacity of the kidneys and the increased um amounts to approx. 1.5 – 3 mmol per kg body weight per day and 0.8 excretion of metabolites, so that it is necessary to increase the fluid intake – 1.0 mmol per kg body weight per day respectively. The actual requireto about 40 ml/kg body weight per day. Additional losses (e.g. fever, diar- ment during infusion therapy depends on appropriate determinations of rhoea, fistulae, vomiting etc.) must be compensated for by a still higher, the electrolyte balance and on the laboratory monitoring of the plasma individually adapted fluid intake. The actual and individual fluid require- concentrations.

ment is determined by the stepwise monitoring necessary in every case A level of 30 ml of the solution per kg body weight per day only covers the (e.g. urine excretion, osmolarity in serum and urine, determination of sub-

Instructions for Handling the Ecoflac plus Container

1. Gravity infusion

- Insert infusion set, fill half of drip chamber, fill infusion tube avoiding bubbles.
- Close air vent of infusion set.
- Connect infusion tube to cannula/catheter.
- Open clamp and start infusion with air vent closed

2. Pressure infusion

- Insert infusion set.
- Hold container upright.
- Leave clamp open, expel air from container and fill half of drip chamber.
- Turn container and expel air from infusion device.
- Close clamp.

- Place container in pressure cuff.

- Build up pressure.
- Open clamp and start infusion.



3. Admixture of additives Addition via cannula - Insert cannula vertically.





Documentation of addition and re-sealing the injection port with Ecopin® 1.) Insert Ecopin® into injection port 2.) Break off handle





Product registration holder: B. Braun Medical Industries Sdn. Bhd. 11900 Bayan Lepas, Penang Malaysia Manufactured by: B. Braun Melsungen AG Carl-Braun-Straße 1, 34212 Melsungen, Germany



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Do not store above 30 °C. Date of last revision: 12.2018

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