

For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory.

ORAL REHYDRATION SALTS BP 4.4 g

ELECTRAL

COMPOSITION

Each sachet of 4.4 g contains :
Anhydrous Glucose BP.....2.7 g
Sodium Chloride BP0.52 g
Sodium Citrate BP0.58 g
Potassium Chloride BP0.3 g
Excipientsq.s.

Name & Dosage Form

Electral 4.4 g Oral Powder

Pharmacodynamics

The key constituents of ORS are sodium and glucose. The central principle of oral rehydration therapy (ORT) is the utilization of sodium-glucose co-transport in the small intestine, a phenomenon which remains largely unaffected during acute infectious diarrhoea. Thus the success of ORT is largely dependent on glucose-driven sodium absorption (transcellular route) leading to passive absorption of water by the paracellular route. The clinical result is usually rapid rehydration and correction of acidosis.

Pharmacokinetics

Sodium and glucose are actively transported via the membrane into the enterocytes. Sodium is then extruded into the intercellular spaces and the resulting osmotic gradient causes water and electrolytes to be drawn from the gut and then into the circulation.

Indication

For the replacement of fluid & electrolyte and maintenance of hydration in diarrhea, vomiting and other conditions where there is loss of water and electrolytes.

Recommended Dose

Oral rehydration solutions are used for oral replacement of electrolytes and fluid in patients with dehydration, particularly that associated with acute diarrhoea of various aetiologies.

The dosage of oral rehydration solutions should be tailored to the individual base on body weight and the stage and severity of the condition. The initial aim of treatment is to rehydrate the patient, and, subsequently, to maintain hydration by replacing any further losses due to continuing diarrhoea and vomiting and normal losses from respiration, sweating, and urination.

For adult, 200 to 400ml of oral rehydration solution for every loose motion has been suggested. The dosage for children is 200 ml for every loose motion, and for infants is 1 to 1.5 times their usual feed volume. Normal feeding can continue after the initial fluid deficit has been corrected. Breast feeding should continue between administrations of oral rehydration solution.

Dissolve the content of one sachet in 200ml water. Use only in recommended dilution. Use the prepared solution within 24 hours.

Mode of Administration

For Oral administration use only.

Contraindications

The preparation is contraindicated in patients with dehydration of 10% or more and continued vomiting.

Warning and Precautions

Caution: Depressed renal function, severe continuing diarrhoea or other critical fluid losses may need supplementation with other parenteral fluids along with ELECTRAL.

PRECAUTIONS

Oral Rehydration salts should be reconstituted only with water and at the volume stated. Fresh drinking water is generally appropriate, but freshly boiled and cooled water is preferred when the solution is for infants. The solution should not be boiled after it is prepared. Other ingredients such as sugar should not be added. Unused solution should be stored in a refrigerator and discarded 24 hours after preparation.

WARNINGS

Oral Rehydration solutions are not appropriate for patients with gastro-intestinal obstruction, oliguric or anuric renal failure, or when parenteral rehydration therapy is indicated as in severe dehydration or intractable vomiting.

Interactions with Other Medicaments

No drug interactions have been described for Oral Rehydration solution.

Pregnancy and Lactation

There are no special problems with this group.

Side Effects

Vomiting can occur after administration of oral rehydration solution, and may be an indication that it was administered too quickly. If vomiting occurs, administration should be halted for 10 minutes then resumed in smaller, more frequent, amounts.

The risk of hyponatraemia or overhydration after administration of oral rehydration solutions is low in patients with normal renal function. Overdosage of oral rehydration solutions in patients with renal impairment may lead to hyponatraemia and hyperkalaemia.

Symptoms And Treatment of Overdose

No information is available on overdosage & treatment of overdosage with oral rehydration solution.

Storage Condition

Store in a dry place below 30°C.

Keep the medicines away from the reach of children.

Shelf Life

24 months from date of manufacture.

Presentation

Asachet of 4.4 g

MAL No.: MAL23116024XZ

Date of Revision: March 2026

Manufactured in India by:

FDC FDC Limited

B-8, MIDC Industrial Area, Waluj,
Chhatrapati Sambhajnagar - 431 136,
Maharashtra.

Product Registration Holder:

Unimed Sdn Bhd
No. 53, Jalan Tembaga SD 5/2B,
Bandar Sri Damansara 52200,
Kuala Lumpur, Malaysia.

2000017406

 FDC Limited		LEAFLET	Mini Pharma Code No. :
Size	100 mm x 150 mm		
FoldedSize	50 x 37.5 mm	UnfoldedSize	100 mm x 150 mm
No. of Folds	1 x 2		
GSM	60 GSM		
Paper	Maplitho Paper		
Specifican No.			
Colour	 PANTONE Process Black		
SAP Code : 2000017406	Supercodes SAP Code: 2000015357		
Location : Waluj - Malaysia	Prepared On : 09-03-2026		
Reason for Change:	In address "Aurangabad" replaced with "Chhatrapati Sambhajinagar".		