198/12623713/0317

Directions for use
Read carefully!

B. Braun Darrow's Solution 1
B. Braun Half Strength Darrow's Solution 1
B. Braun Half Strength Darrow's Solution 1 With 2.5% w/v Glucose

Composition

	B. Braun Darrow's Solution 1	B. Braun Half Strength Darrow's Solution 1 Without Glucose	B. Braun Half Strength Darrow's Solution 1 With 2.5% w/v Glucose
Each 100 ml contains			
Sodium Chloride	0.40 g	0.20 g	0.20 g
Sodium Lactate Solution (50%) DAB equiv. to Sodium Lactate	1.16 g	0.58 g	0.58 g
	0.58 g	0.29 g	0.29 g
Potassium Chloride	0.27 g	0.135 g	0.135 g
Glucose Monohydrate	-	-	2.75 g
Water for Injections to	100 ml	100 ml	100 ml
Electrolytes:	mmol/l	mmol/l	mmol/l
Sodium	120	60	60
Potassium	36	18	18
Chloride	104	52	52
Bicarbonate (as Lactate)	52	26	26
Osmolarity	312 m0sm/l	156 m0sm/l	295 m0sm/l

Characteristics
B. Braun Darrow's Solution 1 represents an isotonic electrolyte solution with a high content of potassium designed for compensating especially gastrointestinal electrolyte and liquid losses. **B. Braun Half Strength Darrow's Solution 1** is a hypotonic electrolyte solution containing only half of of the original full electrolyte concentration. **B. Braun Half Strength Darrow's Solution with 2.5% w/v Glucose** differs from the previous one only in that it is rendered isotonic.

Indications
Replacement of salt losses, especially potassium as caused by diarrhoea, fistulae and vomiting. **B. Braun Half Strength Darrow's Solution 1** with and without glucose are primarily used in paediatrics.

Dosage
According to individual requirements.
Drop rate: 80-160 drops/min corresponding to 240-480 ml/h.

Route of administration I.V.

Side effects
In the event, the body cannot adequately utilize or excrete any particular ion, it may accumulate to give symptoms characteristic of elevated levels of that particular ion.

Mechanisms of action
Sodium Chloride is the principal salt involved in maintaining the osmotic tension of the blood and tissue. Changes in sodium and chloride levels change this osmotic tension and hence influence the movement of fluid and diffusion of salts in cellular tissue.

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2 Seiten

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B. Braun Darrow's Solution 1
B. Braun Half Strength Darrow's Solution 1
B. Braun Half Strength Darrow's Solution 1 With 2.5% w/v Glucose
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Sodium Lactate after absorption, is metabolised in 1 to 2 hours to bicarbonate; it then behaves as endogenous; bicarbonate, exerting an alkalizing effect. In the absence of bicarbonate deficiency, it is excreted by the kidney; urine becomes less acidic with accompanying diuresis.

Potassium Chloride provides potassium ions to the body. Potassium is the principle cation of intracellular fluid and is intimately involved in cell function and metabolism. It is essential for carbohydrate metabolism, glycogen storage and for protein synthesis. Like Sodium, it is integral in maintaining transmembrane potential and profoundly affects muscle, including the myocardium.

For B. Braun Half Strength Darrow's Solution 1 with 2.5% w/v Glucose:
Glucose is absorbed from the gastrointestinal tract, and oxidised as a source of energy, or stored in the liver as glycogen. Glucose is the only energy substrate which is directly, instantly and universally utilised by the body. Glucose is irreplaceable and vital for the myocardium, brain and nerves.

Contraindications

Shock conditions
Hyperkalaemia
Renal insufficiency

Precautions

Because of the very high potassium content, it is essential that renal function be unimpaired.
Sodium Lactate should not be administered to patients with severely impaired liver function or seriously ill patients who are at particular high risks of developing lactic acidosis.

The compatibility of any additives to this solution should be checked before use.

Symptoms and treatment for overdosage

The most likely electrolyte imbalance to occur would probably involve potassium. Any such tendency should be readily detected in the routine serum electrolyte monitoring.

However, the development of any of the following symptoms calls for close scrutiny of blood electrolyte levels and appropriate management:-

- Nausea, vomiting, diarrhoea
- Abdominal cramps
- Listlessness, weakness (general or muscular)
- Paraesthesia of the extremities, paralysis
- Mental confusion
- Cardiac complications

If the serum electrolyte check shows any particular ion to be elevated, it should then be managed accordingly.

General management of:-

1. Hypernatraemia
   - reduce/ eliminate Na+ intake
   - in severe cases, treat with dialysis
2. Hyperkalaemia
   - eliminate K^+ administration
   - withdraw any concomitant K^+ sparing diuretics
   - serum K^+ levels may be brought down by infusion of up to 50-125 grams of glucose over 1 hour, with insulin
   - severe cardiac toxicity, requiring immediate attention, maybe be treated with 10-20 ml of 10% Calcium Gluconate (IV) over 1-5 min
   - severe cases may also benefit from dialysis

Shelf life

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

Storage

Do not store above 30°C.

Presentation

500 ml, 1000 ml plastic container

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Product Registration Holder
and Manufactured by:
B. Braun Medical Industries Sdn. Bhd.
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