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**Directions for use**
**Read carefully!**

# Glucose Intravenous Infusion B.P. 5% and 10%

**Composition**
Each 100 ml contains:
**Glucose Intravenous Infusion B.P.**

| | **5%** | **10%** |
|---|---|---|
| Glucose Monohydrate for Parenteral Use | 5.5 g | 11.0 g |
| Water for Injections to | 100 ml | 100 ml |
| Caloric value kJ/l | 850 | 1700 |
| kcal/l | 200 | 400 |
| Osmolarity mOsm/l | 278 | 556 |

**Physical Description**
A colourless solution; solutions containing 20% w/v or more of glucose, $C_6H_{12}O_6$, may be not more than faintly straw-coloured.

**Characteristics**
Glucose Intravenous Infusion are an indispensable element in every I.V. therapy, especially with regard to the supply of energy. Glucose is the only natural substrate which is directly utilised by all body tissues. Certain tissues and organs cover their energy needs exclusively with glucose, i.e. brain, peripheral nerves, red blood cells, bone marrow, renal medulla etc.

**Indications**
Energy supply,
Hypertonic dehydration,
Vehicle solution for supplementary medication.

**Dosage**
*Adult patients*
According to individual requirements:
Glucose 5%: up to 40 ml/kg of body weight/day
Glucose 10%: up to 30 ml/kg of body weight/day

*Drop rate (for patients with approximately 70 kg of body weight):*
Glucose 5%: up to 120 drops/min ≙ 360 ml/h
Glucose 10%: up to 60 drops/min ≙ 180 ml/h

*Pediatric patients*
Mean requirements/kg of body weight/day.
1st year of life: 8 -15 g glucose
2nd year of life: 12 - 15 g glucose
3rd - 5th year of life: 12 g glucose
6th - 10th year of life: 10 g glucose

Drop rate:
Glucose 5%: up to 180 drops/kg of body weight/hour
Glucose 10%: up to 120 drops/kg of body weight/hour

**Route of administration**
I.V.

**Side effects**
Hyperglycaemia and renal losses may occur in case of reduced glucose tolerance. These manifestations are normally prevented by reducing the dosage and/or by giving insulin. Enhanced

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bilirubin and lactate levels may be found if the recommended dosage is exceeded.

**Contraindications**
Diabetes mellitus (with the exception of hypoglycaemic conditions).
Glucose intolerance.
Hypotonic dehydration if lacking electrolytes are not replaced.
Overhydration.
Hypokalaemia.

**Precautions**
Blood glucose, serum electrolytes, and water balance should be monitored regularly. Electrolytes are to be supplemented as required. The compatibility of any additives to these solutions should be checked before use.
Glucose solutions should not be administered through the same infusion set through which also blood has or may be given because of the risk of pseudoagglutination.

**Symptoms and treatment for overdosage**
If hyperglycaemia or glycosuria occur, a reduction of dosage and injection rate, or an insulin administration is recommended.

**Usage during pregnancy**
Rapid infusions of solutions with 25 g or more glucose lead to foetal acidosis and neonatal hyperinsulinaemia, hypoglycaemia and jaundice. It is recommended to limit infusion to not more than 6 g glucose per hour just before delivery, until a safe rate of administration is established.

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

**Storage**
The product should not be stored above the temperature stated on the label.

**Presentation**
100 ml, 250 ml, 500 ml, 1000 ml plastic container.
500 ml, 1000 ml PVC bag

Manufactured by:
**B. Braun Medical Industries Sdn. Bhd.**
(Company No. 19051-M)
11900 Bayan Lepas, Penang, Malaysia.

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