

**VANCOUVER HOSPITAL & HEALTH SCIENCES CENTRE
CSU PHARMACEUTICAL SCIENCES
DRUG DATA SHEET**

DRUG NAME

sodium chloride 5%

ALTERNATE NAMES

hypertonic saline 5%, NaCl 5%

MANUFACTURER

Baxter, Vancouver General Hospital

STRENGTH

5g/100mL (250mL bags)

DOSAGE FORM

Injection

INDICATIONS

- Management of elevated intracranial pressure (ICP) in neurocritically ill patients in the ICU only, where a lower concentration of sodium chloride is not appropriate

RECONSTITUTION AND STABILITY

- VGH compounded bags stable in fridge up to 14 days
- Baxter brand bags stable at room temperature

COMPATIBILITY

- Compatible with commonly used IV solutions
- Do not mix with other medications

ROUTES OF ADMINISTRATION**Administer via CENTRAL ROUTE only**

- IV intermittent:
 - Osmotherapy: administer dose over 20 to 30 min
 - Elevated ICP or impending herniation: Administer dose over 10 minutes.
 - Rate MUST be controlled by an automated infusion control device

DOSAGE

- Osmotherapy: 50 to 100 mL IV every 4 to 6 hours PRN to maintain serum sodium at goal
- Elevated ICP or impending herniation: 100 mL IV

POTENTIAL HAZARDS OF PARENTERAL ADMINISTRATION

- Avoid extravasation (vesicant, hyperosmolar)

KNOWN ADVERSE EFFECTS

- Transient hypotension, electrolyte and volume disturbance, acid-base disturbance, pulmonary edema, acute kidney injury, encephalopathy, central pontine myelinolysis, rebound intracranial hypertension, hyperchloremic metabolic acidosis

IMPORTANT IMPLICATIONS

- Monitoring parameters: ICP, neuro vitals, BP, serum electrolytes, serum osmolarity, fluid balance, acid base balance
- Sodium chloride 5% contains 856 mmol/L each of sodium and chloride with an osmolarity of 1711 mOsmol/L

REPORT ANY ADVERSE DRUG REACTIONS TO THE PHARMACY