

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Sodium Bicarbonate 8.4% w/v Solution for Injection

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Excipients with known effect:

Sodium Bicarbonate 8.4% w/v

Each ml solution for injection contains 23.00 mg of sodium.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Solution for injection.

Clear, bright, colourless solution

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Sodium Bicarbonate Injection is indicated in adults and children for:

- Correction of metabolic acidosis associated with cardiac arrest in patients with pre-existing metabolic acidosis
- Cardiac arrest associated with hyperkalaemia with pre-existing metabolic acidosis
- Life threatening hyperkalaemia with pre-existing metabolic acidosis
- Tricyclic antidepressant overdose.

Sodium bicarbonate should only be used after other resuscitative measures such as cardiac compression, ventilation, adrenaline and antiarrhythmic agents have been attempted.

In neonates, Sodium Bicarbonate is indicated for:

- Correction of metabolic acidosis associated with cardiac arrest in patients with preexisting metabolic acidosis
- Cardiac arrest associated with hyperkalaemia with pre-existing metabolic acidosis
- Life threatening hyperkalaemia with pre-existing metabolic acidosis

No benefits have been demonstrated from the routine use of sodium bicarbonate in resuscitation of neonates. In neonates, sodium bicarbonate is recommended in resuscitation only in cases of prolonged cardiac arrest, unresponsive to other therapy, after establishment of adequate ventilation and circulation.

4.2 Posology and method of administration

Posology

The posology depends largely on the extent of the acid-base imbalance. This should be checked regularly

Adults:

The usual dose is 1mmol/kg (1ml/kg 8.4% solution) followed by 0.5mmol/kg (0.5ml/kg 8.4% solution) given at 10-minute intervals.

Paediatric population:

The usual dose is 1mmol/kg by slow iv injection. (1ml/kg 8.4% solution)
In premature infants and neonates, the 8.4% solution should be diluted 1:1 with 5% dextrose.

Elderly:

As for adults.

Method of administration

For intravenous administration only.

4.3 Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1
- Conditions where sodium intake is restricted (e.g. renal failure, hypertension, oedema, congestive heart failure)
- Patients with hypoventilation (risk of worsening of acidosis)
- Metabolic or respiratory alkalosis
- Patients with a history of urinary calculi
- Patients with coexistent potassium depletion or chloride depletion, hypocalcaemia and hypernatraemia.

4.4 Special warnings and precautions for use

Whenever sodium bicarbonate is used intravenously, arterial blood gas analyses, in particular arterial/venous blood pH and carbon dioxide levels, should be performed before and during the course of treatment to minimise the possibility of overdose and resultant alkalosis.

Accidental extravascular injection of hypertonic solutions may cause vascular irritation or sloughing. The use of scalp veins should be avoided.

Whenever respiratory acidosis is concomitant with metabolic acidosis, both pulmonary ventilation and perfusion must be adequately supported to get rid of excess

CO₂.

Administration of sodium bicarbonate to a patient with inadequate minute ventilation can

cause worsening of the acidosis.

The treatment of metabolic acidosis must, if possible, be combined with concurrent treatment

to combat the primary cause of the acidosis, for example the administration of insulin in

uncomplicated diabetes, or blood volume restoration in shock.

In long-term therapy, care is essential to prevent the risk of overdose and alkalosis.

Therefore,

repeat administrations of fractional doses, or an infusion, should be given while regularly

monitoring the acid-base balance and electrolytes. As soon as the most severe symptoms are

under control, the dose and frequency of administration must be reduced until normal values

have been restored.

There is no evidence to support the use of bicarbonate therapy in the treatment of hypoperfusion-induced lactic acidemia associated with sepsis.

Sodium Bicarbonate 8.4% w/v Solution for Injection contains sodium

This medicinal product contains 23.00 mg sodium per ml, equivalent to 1.15% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

4.5 Interaction with other medicinal products and other forms of interaction

Caution should be used when administering sodium ions to patients receiving corticosteroids or corticotrophin.

Urinary alkalinisation will increase the renal clearance of medicinal products which are acid in nature e.g. tetracyclines, especially doxycycline, acetylsalicylic acid, chlorpropamide, lithium, methenamine. It increases the half life and duration of action of basic drugs such as quinidine, amphetamines, ephedrine, pseudoephedrine, memantine and flecainide. Sodium bicarbonate is known to increase renal tubular reabsorption of mecamylamine causing hypotension.

Hypochloreaemic alkalosis may occur if sodium bicarbonate is used in conjunction with potassium depleting diuretics such as bumetanide, ethacrynic acid, frusemide and thiazides.

Concurrent use in patients taking potassium supplements may reduce serum potassium concentration by promoting an intracellular ion shift.

4.6 Fertility, pregnancy and lactation

Safe use in pregnancy has not been established. The use of any drug in

pregnant or lactating women requires that the expected benefit be carefully weighed against the possible risk to the mother and child.

Patients requiring i.v. sodium bicarbonate are unlikely to be fit enough to breast feed.

4.7 Effects on ability to drive and use machines

Not applicable; this preparation is intended for use only in emergencies.

4.8 Undesirable effects

Metabolism and nutrition disorders:

Alkalosis, hypokalaemia, hypernatremia, hyperosmolarity, hypocalcemia, hypoglycemia, paradoxical intracellular acidosis.

Cardiac disorder:

Deterioration of hemodynamic status associated with volume overload.

Nervous system disorders:

Intracranial haemorrhage (in neonates), hyperirritability or tetany.

General disorders and administration site conditions:

Extravasation.

Incorrect administration (intra-arterial, paravenous) may cause tissue necrosis.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

4.9 Overdose

Symptoms: metabolic alkalosis accompanied by compensatory hyperventilation, paradoxical acidosis of the cerebrospinal fluid, severe hypokalaemia, hyperirritability and tetany.

Treatment: discontinue the administration of sodium bicarbonate, rebreathe expired air or, if more severe administer calcium gluconate especially if tetany is present. In severe alkalosis, an infusion of 2.14% ammonium chloride is recommended, except in patients with pre-existing hepatic disease. If hypokalaemia is present administer potassium chloride.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

ATC Code: B05XA02

Sodium bicarbonate therapy increases plasma bicarbonate, buffers excess hydrogen ion concentration, raises blood pH and reverses clinical manifestations of metabolic acidosis.

5.2 Pharmacokinetic properties

Sodium bicarbonate is eliminated principally in the urine and effectively alkalisates it.

5.3 Preclinical safety data

Not applicable since sodium bicarbonate has been used in clinical practice for many years and its effects in man are well known.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Disodium Edetate

Water for Injections.

6.2 Incompatibilities

The addition of sodium bicarbonate to parenteral solutions containing calcium should be avoided except where compatibility has been previously established; precipitation or haze may result, should this occur, the solution should not be used.

Administration of sodium bicarbonate is incompatible with allopurinol sodium, amiodarone hydrochloride, anileridine, ascorbic acid injection, carmustine, cefamandole, cefotaxime, codeine phosphate, dobutamine hydrochloride, dopamine hydrochloride, doxapram, epinephrine hydrochloride, esmolol, fenoldopam mesylate, glycopyrrolate, hydromorphone hydrochloride, idarubicin hydrochloride, inamrinone lactate, isoproterenol hydrochloride, labetalol hydrochloride, levofloxacin, levophanon tartrate, magnesium sulfate, methadone, metoclopramide hydrochloride, morphine sulfate, moxalactam, nicardipine hydrochloride, norepinephrine bitartrate, ondasetron hydrochloride, oxytetracycline, pentazocine lactate, sargramostin, secobarbital, streptomycin sulfate, succinylcholine chloride, tetracycline, ticarcillin disodium/clavulanate potassium, trimethaphan, tubocurarine and vinorelbine tartrate.

It is also incompatible with the solutions of: alcohol 5% in dextrose 5%, dextrose 5% in lactated Ringer's injection, ionosol(R) B in invert sugar 10%,

ionosol(R) D, modified in invert sugar 10%, isonosol(R) D in invert sugar 10%, and ionosol(R) G in invert sugar 10%

6.3 Shelf life

36 months.

6.4 Special precautions for storage

None stated.

6.5 Nature and contents of container

5 ml in type 1 colourless glass ampoules. Fusion sealed. 10 ml in type 1 colourless glass ampoules. Fusion sealed. Packed into cartons of 10 ampoules.

6.6 Special precautions for disposal

Discard any unused solution

Any unused product or waste material should be disposed of in accordance with local requirements

7 MARKETING AUTHORISATION HOLDER

Macarthys Laboratories Ltd t/a
Martindale Pharma Bampton Road,
Harold Hill,
Romford,
RM3 8UG

8 MARKETING AUTHORISATION NUMBER(S)

PL 01883/0023

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 10 August 1983

10 DATE OF REVISION OF THE TEXT

19/09/2018