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## Directions for Use

B. Braun Melsungen AG · 34209 Melsungen, Germany

# Glucose Intravenous Infusion BP 20 %, 50 % w/v

### Composition

Each 1000 ml contains:	20%	50%
Glucose Monohydrate	220.0 g	550.0 g
Water for injection to	1000 ml	1000 ml
Caloric value (kJ/l)	3350	8375
(kcal/l)	800	2000
Osmolarity (mOsm/l)	1100	2770

### Indication

High caloric carbohydrate infusion, (in a minimal volume of water), Hypoglycemia.

### Dosage

#### Adults:

The dosage depends on age, weight and clinical condition of the patient.

Glucose 20 %: Up to 35 ml/kg body weight/day

Glucose 50 %: Up to 14 ml/kg body weight/day

#### Flow rate:

Glucose 20 %: Up to 2.5 ml/kg bw/h or (for 70 kg patient) up to 58 drops/min = 175 ml/h

Glucose 50 %: Up to 1.0 ml/kg bw/h or (for 70 kg patient) up to 23 drops/min = 70 ml/h.

For patients in a markedly depleted nutritional state, the above drop/flow rates have to be reduced accordingly.

#### Insulin induced hypoglycemia:

Determine blood glucose before injecting dextrose.

#### Children:

According to individual requirements.

### Route of administration

I.V. via a central venous catheter.

For total parenteral nutrition Glucose Injection is administered by slow intravenous infusion (a) after admixture with amino acid solutions via an indwelling catheter with the tip positioned in a large central vein, preferably the superior vena cava, or (b) after dilution with sterile water for injection. Dosage should be adjusted to meet individual patient requirements.

### Contraindications

Hyperglycemia  
Overhydration,  
Hypotonic dehydration,  
Hypokalemia,  
Acidosis

In diabetic come while blood sugar is excessively high. Do not use concentrated solutions when intracranial or intraspinal hemorrhage is present, in the presence of delirium tremens in dehydrated patients, or in patients with glucose-galactose malabsorption syndrome.

### Warnings

#### Fluid/solute overload:

Glucose solutions I.V. can cause fluid or solute over load resulting in dilution of serum electrolyte concentrations, overhydration, congested states or pulmonary edema.

*Hypertonic dextrose solutions* may cause thrombosis if infused via peripheral veins, therefore, administer slowly via a central venous catheter.

#### Diabetes mellitus:

Use Glucose-containing solutions with caution in patients with subclinical or overt diabetes mellitus or carbohydrate intolerance.

It has been suggested that glucose solution should not be used after acute ischaemic strokes as hyperglycaemia has been implicated in increasing cerebral ischaemic brain damage and in impairing recovery.

*Rapid administration* of hypertonic solutions may produce significant hyperglycemia or hyperosmolar syndrome, especially in patients with chronic uremia or carbohydrate intolerance.

#### Pregnancy:

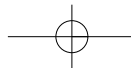
Category C. safety for use during pregnancy has not been established. Use only when clearly needed and when the potential benefits outweigh the potential hazards to the fetus.

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**Children:**

Use with caution in infants of diabetic mothers, except as may be indicated in hypoglycemic neonates.

Glucose infusions should not be administered through the same infusion equipment, simultaneously, before or after an administration of blood, because of the possibility of pseudo-agglutination.

This fluid should only be administered with great care to patients with diabetes mellitus or renal insufficiency.

**Precautions**

Clinical supervision should include regular checks of blood glucose level, serum electrolytes and water balance.

Electrolytes are to be supplemented as required. Caution is to be exercised in patients with hyponatremia.

No other medication or substance should be added to this fluid, unless it is known to be compatible. Not suitable for osmotherapy.

Hyperglycemia and glycosuria may be functions of rate of administration or metabolic insufficiency. To minimize these conditions, slow the infusion rate, monitor blood and urine glucose; if necessary, administer insulin. When concentrated Glucose infusion is abruptly withdrawn, administer 5 % or 10 % Glucose to avoid reactive hypoglycemia.

Administer so that extravasation does not occur. If thrombosis occurs during administration, stop injection and correct.

When a concentrated Glucose infusion is abruptly withdrawn, it is advisable to follow with the administration of 5 % or 10 % Glucose injection to avoid rebound hypoglycemia.

**Drug interactions**

**Corticosteroids:**

Cautiously administer parenteral fluids to patients receiving corticosteroids or corticotrophin.

**Adverse Reactions**

Significant hyperglycemia, hyperosmolar syndrome and glycosuria may occur with too rapid administration of hypertonic solutions.

**Expiry date**

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

**Storage**

Do not store above 25 °C.

**Presentation**

Glucose 20 %: 500 ml and 1000 ml bottles

Glucose 50 %: 500 ml plastic bottles

50 ml glass vial

20 ml Mini Plasco® ampoules

**License number**

Glucose 20 %: 137-53-27992-00

Glucose 50 %: 119-08-25555-11, 134-97-25555-00

**License Holder**

Luxembourg Pharmaceuticals Ltd.

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The format of this leaflet was determined by the Ministry of Health and its content was checked and approved in July 2009.

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