

<b>MODULE-1</b>	<b>ADMINISTRATIVE INFORMATION AND PRODUCT INFORMATION</b>
<b>NAME OF THE PRODUCT</b>	<b>RL (Compound Sodium Lactate Intravenous Infusion BP)</b>

## 1.6 Product Information

### 1.6.1 Prescribing Information (Summary of Product Characteristics)

#### 1. Name of the Finished Pharmaceutical Product:

RL (Compound Sodium Lactate Intravenous Infusion BP)

#### 1.1 Strength:

Each 100 ml contains:

Sodium Lactate Solution BP

Eq. to Sodium Lactate.....0.32%w/v

Sodium Chloride BP.....0.60% w/v

Potassium Chloride BP.....0.04%w/v

Calcium Chloride Dihydrate BP.....0.027%w/v

Water for Injections BP.....q.s.

#### 1.2 Pharmaceutical form: Intravenous Infusion

#### 2. Qualitative and Quantitative Composition:

##### 2.1 Qualitative Composition

**Product Name: RL**

**Generic Name:** (Compound Sodium Lactate Intravenous Infusion BP)

**Label Claim:**

Each 100 ml contains:

Sodium Lactate Solution BP

Eq. to Sodium Lactate.....0.32%w/v

Sodium Chloride BP.....0.60% w/v

Potassium Chloride BP.....0.04%w/v

Calcium Chloride Dihydrate BP.....0.027%w/v

Water for Injections BP.....q.s.

##### 2.2 Quantitative Composition

S. No.	Name of Ingredient	Reference	Qty./100 ml	Function of Ingredient
1.	Sodium Chloride	BP	600.000mg	Active Ingredient
2.	Potassium Chloride	BP	40.000 mg	Active Ingredient
3.	*Calcium Chloride Dihydrate	BP	28.349 mg	Active Ingredient
4.	Sodium Lactate Solution BP eq. to Sodium Lactate	BP	320.000mg	Active Ingredient
5.	#Sodium Hydroxide	BP	2.920 mg	pH modifier
6.	#Hydrochloric Acid	BP	0.005 ml	pH modifier
7.	Water for Injections	BP	q.s. to 100ml	Vehicle

\* These materials are to be used on 5% overage value

# These materials are to be used for pH adjustment only.

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### 3. **Pharmaceutical Form** Intravenous Infusion

### 4. **Clinical Particulars**

#### 4.1 **Therapeutic indications**

Compound Sodium Lactate solution is used in the following indications:

- Restoration of extracellular fluid and electrolytes balances or replacement of extracellular fluid loss where isotonic concentrations of electrolytes are sufficient
- Short term volume replacement (alone or in association with colloid) in case of hypovolaemia or hypotension.
- Regulation or maintenance of metabolic acidosis balance and/or treatment of mild to moderate metabolic acidosis (except lactic acidosis)

#### 4.2 **Posology and method of administration**

##### Posology

##### Adults, the Elderly and Children:

Fluid balance, serum electrolytes and acid-base balance should be monitored before and during administration, with particular attention to serum sodium in patients with increased non-osmotic vasopressin release (syndrome of inappropriate antidiuretic hormone secretion, SIADH) and in patients co-medicated with vasopressin agonist drugs, due to the risk of hospital acquired hyponatraemia. Monitoring of serum sodium is particularly important for hypotonic fluids.

Compound Sodium Lactate solution has a tonicity of 278 mOsm/l (approx.)

The infusion rate and volume depend on the age, weight, clinical condition (e.g. burns, surgery, head-injury, infections), and concomitant therapy should be determined by the consulting physician experienced in intravenous fluid therapy.

##### Recommended dosage:

The amount of Compound Sodium Lactate solution needed to restore normal blood volume is 3 to 5 times the volume of lost blood.

The recommended dosage is:

- for adults: 500 ml to 3 L/24h
- for infants, toddlers and children: 20 ml to 100 ml/kg/24 h

##### Administration rate:

The infusion rate is usually 40 mL/kg/24h in adults.

##### Use in paediatric patients

The safety and efficacy of Compound Sodium Lactate solution in children has not been established by adequate and well-controlled trials; however, the use of electrolyte solutions in the paediatric population is referenced in the medical literature. Lactate-containing solutions should be administered with particular caution to neonates and infants less than 6 months of age.

Paediatric infusion rates is 5 ml/kg/h in average but the value varies with age:

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- infants: 6-8 mL/kg/h,
- toddlers: 4-6 mL/kg/h
- children: 2-4 mL/kg/h .

In children with burns, the dose is on average 3.4 mL/kg/per cent burn at 24 h post-burn and 6.3 mL/kg/per cent burn at 48 h.

In severely head-injured children the dose is on average 2850 mL/m<sup>2</sup>.

Infusion rate and total volume can be higher in surgery or in case of need.

Note:

- infants and toddlers: aged from 28 days to 23 months (a toddler is an infant who can walk)
- children: age from 2 to 11 years

*Use in geriatric patients*

When selecting the type of infusion solution and the volume/rate of infusion for a geriatric patient, consider that geriatric patients are generally more likely to have cardiac, renal, hepatic, and other diseases or concomitant drug therapy.

#### 4.3 Method of administration

The solution is for intravenous administration through a sterile and non-pyrogenic administration set using aseptic technique. The equipment should be primed with the solution in order to prevent air entering the system.

The solution should be inspected visually for particulate matter and discoloration prior to administration. Do not administer unless the solution is clear, free from visible particles and the seal is intact. Do not remove unit from overwrap until ready for use. The inner bag maintains the sterility of the solution. Administer immediately following the insertion of infusion set.

Do not connect flexible plastic containers in series in order to avoid air embolism due to possible residual air contained in the primary container. Pressurizing intravenous solutions contained in flexible plastic containers to increase flow rates can result in air embolism if the residual air in the container is

not fully evacuated prior to administration. Use of a vented intravenous administration set with the vent in the open position could result in air embolism. Vented intravenous administration sets with the vent in the open position should not be used with flexible plastic containers.

Additives may be introduced before infusion or during infusion through the injection site. When making additions to Compound Sodium Lactate solution, aseptic technique must be used. Mix the solution thoroughly when additives have been introduced. Do not store solutions containing additives.

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#### 4.4 Contraindications

As for other calcium-containing infusion solutions, concomitant administration of ceftriaxone and Compound Sodium Lactate solution is contraindicated in newborns ( $\leq 28$  days of age), even if separate infusion lines are used (risk of fatal ceftriaxone-calcium salt precipitation in the neonate's bloodstream).

Compound Sodium Lactate solution is also contraindicated in patients with

- A known hypersensitivity to sodium lactate.
- Extracellular hyperhydration or hypervolaemia
- Severe renal insufficiency (with oliguria/anuria)
- Uncompensated cardiac failure
- Hyperkalaemia
- Hypercalcaemia
- Metabolic alkalosis
- Ascitic cirrhosis
- Severe metabolic acidosis
- Conditions associated with increased lactate levels (hyperlactataemia) including lactic acidosis, or impaired lactate utilization, such as severe hepatic insufficiency.
- Concomitant digitalis therapy

#### 4.5 Special warnings and precautions for use

##### **Hypersensitivity reactions**

The infusion must be stopped immediately if any signs or symptoms of a suspected hypersensitivity reaction develop. Appropriate therapeutic countermeasures must be instituted as clinically indicated.

##### **Incompatibilities**

###### *Ceftriaxone*

In patients older than 28 days (including adults), ceftriaxone must not be administered simultaneously with intravenous calcium-containing solutions, including Compound Sodium Lactate solution, through the same infusion line. If the same infusion line is used for sequential administration, the line must be thoroughly flushed between infusions with a compatible fluid.

##### **Electrolyte balance**

###### *Hypernatraemia*

Compound Sodium Lactate solution should only be administered to patients with hypernatraemia after careful consideration of the underlying cause and alternative intravenous fluids. Monitoring of plasma sodium and volume status during treatment is recommended.

Compound Sodium Lactate solution should be administered with particular caution in patients with conditions predisposing to hypernatraemia (such as

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adrenocortical insufficiency, diabetes insipidus or extensive tissue injury) and in patients with cardiac disease.

#### *Hyperchloraemia*

Compound Sodium Lactate solution should only be administered to patients with hyperchloraemia after careful consideration of the underlying cause and alternative intravenous fluids. Monitoring of plasma chloride and acid-base balance during treatment is recommended.

Compound Sodium Lactate solution should be administered with particular caution to patients with conditions predisposing to hyperchloraemia (such as renal failure and renal tubular acidosis, diabetes insipidus), and patients with urinary diversion or patients taking certain diuretics (carbonic anhydrase inhibitors eg acetazolamide) or steroids (androgens, estrogens corticosteroids) and in patients with severe dehydration.

#### *Use in patients with potassium deficiency*

Although Compound Sodium Lactate solution has a potassium concentration similar to the concentration in plasma, it is insufficient to produce a useful effect in case of severe potassium insufficiency and therefore it should not be used for this purpose.

#### *Use in patients at risk for hyperkalaemia*

Compound Sodium Lactate solution should be administered with particular caution to patients with conditions predisposing to hyperkalaemia (such as severe renal impairment or adrenocortical insufficiency, acute dehydration, or extensive tissue injury or burns) and in patients with cardiac disease. The plasma potassium level of the patient must be particularly closely monitored in patients at risk of hyperkalaemia.

#### *Use in patients at risk for hypercalcaemia*

Calcium chloride is irritant, therefore care should be taken to prevent extravasation during intravenous injection and intramuscular injection must be avoided. Solutions containing calcium salts should be used with caution in patients with conditions predisposing to hypercalcaemia, such as patients with renal impairment and granulomatous diseases associated with increased calcitriol synthesis such as sarcoidosis, calcium renal calculi or a history of such calculi.

#### **Fluid balance/renal function**

##### *Use in patients with renal impairment*

Compound Sodium Lactate solution should be administered with particular caution to patients with renal impairment. In such patients administration of Compound Sodium Lactate solution may result in sodium and/or potassium retention.

##### *Risk of Fluid and/or Solute Overload and Electrolyte Disturbances*

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Depending on the volume and rate of infusion, intravenous administration of Compound Sodium Lactate solution can cause

- fluid and/or solute overload resulting in overhydration and, for example, congested states, including pulmonary congestion and oedema.
- clinically relevant electrolyte disturbances and acid-base imbalance.

Clinical evaluation and periodic laboratory determinations may be necessary to monitor changes in fluid balance, electrolyte concentrations and acid-base balance during prolonged parenteral therapy or whenever the condition of the patient or the rate of administration warrants such evaluation.

High volume infusion must be used under specific monitoring in patients with cardiac or pulmonary failure and in patients with non-osmotic vasopressin release (including SIADH), due to the risk of hospital-acquired hyponatraemia.

#### *Hyponatraemia*

Patients with non-osmotic vasopressin release (e.g. in acute illness, pain, post-operative stress, infections, burns, and CNS diseases), patients with heart-, liver- and kidney diseases and patients exposed to vasopressin agonists are at particular risk of acute hyponatraemia upon infusion of hypotonic fluids.

Acute hyponatraemia can lead to acute hyponatraemic encephalopathy (cerebral oedema) characterized by headache, nausea, seizures, lethargy and vomiting. Patients with cerebral oedema are at particular risk of severe, irreversible and life-threatening brain injury.

Children, women in the fertile age and patients with reduced cerebral compliance (e.g. meningitis, intracranial bleeding, cerebral contusion and brain oedema) are at particular risk of the severe and life-threatening brain swelling caused by acute hyponatraemia.

#### **Acid-base balance**

##### *Use in patients at risk for alkalosis*

Compound Sodium Lactate solution should be administered with particular caution to patients at risk for alkalosis. Because lactate is metabolized to bicarbonate, administration may result in, or worsen, metabolic alkalosis. Seizure may be precipitated by the alkalosis induced by lactate but this is uncommon.

#### **Other warnings**

##### *Administration of citrate anticoagulated/preserved blood*

Due to the risk of coagulation precipitated by its calcium content, Compound Sodium Lactate solution must not be added to or administered simultaneously through the same tubing with citrate anticoagulated/preserved blood.

##### *Use in patients with type 2 diabetes*

Lactate is a substrate for gluconeogenesis. Therefore, glucose levels should be carefully monitored in patients receiving Compound Sodium Lactate.

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#### *Administration*

Adding other medication or using an incorrect administration technique might cause the appearance of fever reactions due to the possible introduction of pyrogens. In such case the infusion must be stopped immediately.

For information on incompatibilities and preparation of the product with additives, please see sections 6.2 and 6.6.

During long term parenteral treatment, a convenient nutritive supply must be given to the patient.

#### **4.6 Paediatric population**

The safety and efficacy of Compound Sodium Lactate solution in children has not been established by adequate and well-controlled trials; however, the use of electrolyte solutions in the paediatric population is referenced in the medical literature. Lactate-containing solutions should be administered with particular caution to neonates and infants less than 6 months of age.

Paediatric infusion rates is 5 ml/kg/h in average but the value varies with age:

- infants: 6-8 mL/kg/h,
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In children with burns, the dose is on average 3.4 mL/kg/per cent burn at 24 h post-burn and 6.3 mL/kg/per cent burn at 48 h.

In severely head-injured children the dose is on average 2850 mL/m<sup>2</sup>.

Infusion rate and total volume can be higher in surgery or in case of need.

Note:

- infants and toddlers: aged from 28 days to 23 months (a toddler is an infant who can walk)
- children: age from 2 to 11 years

#### **4.7 Interaction with other medicinal product and other forms of interaction**

##### *Drugs leading to an increased vasopressin effect*

The below listed drugs increase the vasopressin effect, leading to reduced renal electrolyte free water excretion and may increase the risk of hospital acquired hyponatraemia following inappropriately balanced treatment with i.v. fluids.

- Drugs stimulating vasopressin release include: Chlorpropamide, clofibrate, carbamazepine, vincristine, selective serotonin reuptake inhibitors, 3,4-methylenedioxy-N-methamphetamine, ifosfamide, antipsychotics, narcotics
- Drugs potentiating vasopressin action include: Chlorpropamide, NSAIDs, cyclophosphamide
- Vasopressin analogues include: Desmopressin, oxytocin, terlipressin



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Other medicinal products increasing the risk of hyponatraemia also include diuretics in general and antiepileptics such as oxcarbazepine.

*Interaction related to the presence of sodium:*

Caution is advised when administering Compound Sodium Lactate solution to patients treated with drugs that may increase the risk of sodium and fluid retention (with oedema and hypertension), such as corticosteroids.

*Interaction related to the presence of potassium:*

Because of its potassium content, Compound Sodium Lactate solution should be administered with caution in patients treated with agents or products that can cause hyperkalaemia or increase the risk of hyperkalaemia, such as

- Potassium-sparing diuretics (amiloride, spironolactone, triamterene, alone or in association).
- Angiotensin converting enzyme inhibitors (ACEi) and angiotensin II receptor antagonists
- Tacrolimus, cyclosporine

Administration of potassium in patients treated with such medications can produce severe and potentially fatal hyperkalaemia, particularly in patients with severe renal insufficiency.

*Interaction related to the presence of calcium:*

Administration of calcium may increase the effects of digitalis and lead to serious or fatal cardiac arrhythmia. Therefore, larger volumes or a faster infusion rates should be used with caution in patients treated with digitalis glycosides.

- Caution is advised when administering Compound Sodium Lactate solution to patients treated with thiazide diuretics or vitamin D, as these can increase the risk of hypercalcaemia.
- Bisphosphonates, fluoride, some fluoroquinolones and tetracyclines which are less absorbed (lower availability) when administered with calcium.

*Interaction related to the presence of lactate (which is metabolized into bicarbonate):*

Caution is advised when administering Compound Sodium Lactate solution to patients treated with drugs for which renal elimination is pH dependent. Due to the alkalizing action of lactate (formation of bicarbonate), Compound Sodium Lactate solution may interfere with the elimination of such drugs.

- Renal clearance of acidic drugs such as salicylates, barbiturates, and lithium may be increased because of the alkalisation of urine by the bicarbonate resulting from lactate metabolism.
- Renal clearance of alkaline drugs, such as sympathomimetics (e.g. ephedrine, pseudoephedrine) and stimulants (e.g. dexamphetamine sulfate, phenfluramine hydrochloride) may be decreased.



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#### 4.8 Additional information on special populations

Use in patients with hypervolaemia, overhydration or conditions causing sodium retention and oedema

Compound Sodium Lactate solution should be administered with particular caution to hypervolaemic or overhydrated patients.

Due to the sodium chloride content Compound Sodium Lactate solution should be administered with particular caution to patients with conditions that may cause sodium retention, fluid overload and oedema, such as patients with primary hyperaldosteronism, secondary hyperaldosteronism (associated with, e.g., hypertension, congestive heart failure, renal artery stenosis, or nephrosclerosis), or preeclampsia.

##### *Use in geriatric patients*

When selecting the type of infusion solution and the volume/rate of infusion for a geriatric patient, consider that geriatric patients are generally more likely to have cardiac, renal, hepatic, and other diseases or concomitant drug therapy.

#### 4.9 Paediatric population

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Note:

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- children: age from 2 to 11 years

#### 4.10 Fertility, Pregnancy and Lactation

Compound Sodium Lactate solution can be used safely during pregnancy and lactation as long as the electrolyte- and fluid balance is controlled.

It is reminded that calcium crosses the placenta and is distributed into breast milk.

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Compound Sodium Lactate solution should be administered with special caution for pregnant women during labour particularly as to serum-sodium if administered in combination with oxytocin.

When a medication is added, the nature of the drug and its use during pregnancy and lactation have to be considered separately.

#### **4.11 Effects on ability to drive and use machines**

There is no information of the effects of Compound Sodium Lactate solution on the ability to operate an automobile or other heavy machinery.

#### **4.12 Undesirable effects**

The following adverse reactions (listed by MedDRA System Organ Class) have been reported spontaneously during the post-market experience.

Immune System Disorders	Hypersensitivity/Infusion reactions including Anaphylactic/Anaphylactoid reaction, possibly manifested by one or more of the following symptoms: Angioedema, Chest pain, Chest discomfort, Decreased heart rate, Tachycardia, Blood pressure decreased, Respiratory distress, Bronchospasm, Dyspnea, Cough, Urticaria, Rash, Pruritus, Erythema, Flushing, Throat irritation, Paresthesias, Hypoesthesia oral, Dysgeusia, Nausea, Anxiety, Pyrexia, Headache
Metabolism and Nutrition Disorders	Hyperkalaemia Hospital acquired hyponatraemia*
Nervous system disorders	Acute hyponatraemic encephalopathy*
General Disorders and Administration Site Conditions	Infusion Site Reactions manifested by one or more of the following symptoms: Phlebitis, Infusion site inflammation, Infusion site swelling, Infusion site rash, Infusion site pruritus, Infusion site erythema, Infusion site pain, Infusion site burning

\*Hospital acquired hyponatraemia may cause irreversible brain injury and death, due to development of acute hyponatraemic encephalopathy, frequency unknown.

The following adverse reactions have been reported spontaneously during the use of other sodium-lactate containing solutions:

- Hypersensitivity: Laryngeal oedema (Quincke's oedema), skin swelling, Nasal congestion, Sneezing
- Electrolyte disturbances
- Hypervolaemia
- Panic Attack
- Other infusion site reactions: Infection at the site of injection, Extravasation, Infusion site anesthesia (numbness)

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#### 4.13 Overdose

An excessive volume or too high a rate of administration of Compound Sodium Lactate solution may lead to fluid and sodium overload with a risk of oedema (peripheral and/or pulmonary), particularly when renal sodium excretion is impaired. In this case extra renal dialysis may be necessary.

Excessive administration of potassium may lead to the development of hyperkalaemia, especially in patients with renal impairment. Symptoms include paresthesia of the extremities, muscle weakness, paralysis, cardiac arrhythmias, heart block, cardiac arrest, and mental confusion.

Excessive administration of calcium salts may lead to hypercalcaemia. Symptoms of hypercalcaemia may include anorexia, nausea, vomiting, constipation, abdominal pain, muscle weakness, mental disturbances, polydipsia, polyuria, nephrocalcinosis, renal calculi, and, in severe cases, cardiac arrhythmias and coma. Too rapid intravenous injection of calcium salts may also lead to many of the symptoms of hypercalcaemia as well as to chalky taste, hot flushes, and peripheral vasodilatation. Mild asymptomatic hypercalcaemia will usually resolve on stopping administration of calcium and other contributory drugs such as vitamin D. If hypercalcaemia is severe, urgent treatment (such as loop diuretics, haemodialysis, calcitonin, bisphosphonates, trisodium edetate) is required.

Excessive administration of lactate may lead to metabolic alkalosis. Metabolic alkalosis may be accompanied by hypokalaemia. Symptoms may include mood changes, tiredness, shortness of breath, muscle weakness, and irregular heartbeat. Muscle hypertonicity, twitching, and tetany may develop especially in hypocalcaemic patients. Treatment of metabolic alkalosis due to bicarbonate overdose consists mainly of appropriate correction of fluid and electrolyte balance. Replacement of calcium, chloride, and potassium may be of particular importance.

When overdose is related to medications added to the solution infused, the signs and symptoms of over infusion will be related to the nature of the additive being used. In the event of accidental over infusion, treatment should be discontinued and the patient should be observed for the appropriate signs and symptoms related to the drug administered. The relevant symptomatic and supportive measures should be provided as necessary.

## 5. Pharmacological properties

### 5.1 Pharmacodynamic Properties

Pharmacotherapeutic group (ATC code): B05BB01 "Electrolytes"

Compound Sodium Lactate solution is an isotonic solution of electrolytes. The constituents of Compound Sodium Lactate Solution and their concentrations are designed to match those of plasma.

The pharmacological properties of the Compound Sodium Lactate solution are those of its components (sodium, potassium, calcium, chloride and lactate).

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The main effect of Compound Sodium Lactate Solution is the expansion of the extracellular compartment including both the interstitial fluid and the intravascular fluid.

The lactate is metabolised into bicarbonate, mainly in the liver, and produces an alkalising effect on the plasma

In healthy volunteers receiving Compound Sodium Lactate Solution, central venous pressure changes were associated with a secretion of atrial natriuretic peptide

In healthy volunteers, Compound Sodium Lactate Solution decreased serum osmolality, increased blood pH, and the time until first urination was shorter than that with normal saline.

There is no significant change in glucagon, norepinephrine, epinephrine, blood glucose and insulin levels in aortic surgery patients receiving Compound Sodium Lactate Solution.

When medication is added to Compound Sodium Lactate Solution, the overall pharmacodynamics of the solution will depend on the nature of the drug used.

## 5.2 Pharmacokinetic Properties

The pharmacokinetic properties of the Compound Sodium Lactate solution are those of the ions its composition includes (sodium, potassium, calcium and chloride).

Infusion of Compound Sodium Lactate Solution in normal hemodynamically stable adults does not increase circulating lactate concentrations.

The pharmacokinetics of D-lactate and L-lactate are similar. The lactate in Compound Sodium Lactate solution is metabolized by both oxidation and gluconeogenesis, predominantly in the liver, and bicarbonate is generated by both processes over 1-2 h.

When medication is added to Compound Sodium Lactate Solution, the overall pharmacokinetics of the solution will depend on the nature of the drug used.

## 5.3 Preclinical safety data

Preclinical safety data of Compound Sodium Lactate Solution in animals are not relevant since its constituents are physiological components in animal and human plasma.

Toxic effects are not to be expected under the condition of clinical application.

The safety of potential additives should be considered separately

## 6. Pharmaceutical particulars

### 6.1 List of Excipients

Sodium Hydroxide, Hydrochloric Acid, Water for Injections.

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## 6.2 Incompatibilities

Ceftriaxone must not be mixed with calcium-containing solutions including Compound Sodium Lactate solution.

As with all parenteral solutions additives may be incompatible. Compatibility of the additives with the Compound Sodium Lactate solution and Viaflo container must be assessed before addition. After addition of the additive, incompatibility may become visible by a possible colour change and/or the appearance of precipitates, insoluble complexes or crystals.

The Instructions for Use of the medication to be added and other relevant literature must be consulted.

Before adding a substance or medication, verify that it is soluble and/or stable in water and that the pH range of Compound Sodium Lactate solution is appropriate (pH 5.0 to 7.0).

When making additions to Compound Sodium Lactate solution, aseptic technique must be used. Mix the solution thoroughly when additives have been introduced. Do not store solutions containing additives.

**As a guidance the following medications are incompatible with the Compound Sodium Lactate solution (*non-exhaustive listing*):**

*Medications incompatible with Compound Sodium Lactate Solution*

- Aminocaproic acid
- Amphotericin B
- Metaraminol tartrate
- Cefamandole
- Ceftriaxone
- Cortisone acetate
- Diethylstilbestrol
- Etamivan
- Ethyl alcohol
- Phosphate and carbonate solutions
- Oxytetracycline
- Thiopental sodium
- Versenate disodium

*Medications with partial incompatibility with Compound Sodium Lactate Solution:*

- Tetracycline stable for 12 hours
- Ampicillin sodium
  - concentration of 2%-3% stable for 4 hours
  - concentration >3% must be given within 1 hour
- Minocycline stable for 12 hours
- Doxycycline stable for 6 hours

Additives known or determined to be incompatible should not be used.

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- 6.3 Shelf life**  
36 months from the date of manufacturing.
- 6.4 Special precautions for storage**  
Store below 30°C. Protect from light. Do not refrigerate or freeze.
- 6.5 Nature and contents of container**  
1x500ml LDPE Bottle with helmet cap/Euro Head, with pre-printed label, wrapped in a transparent BOPP film.
- 6.6 Special precautions for disposal and other handling**  
Additives may be incompatible. Discard any unused portion. Must not be used in series connections. Hold the bottle in vertical position & insert I.V. set. To be used with a pyrogens free I.V. administration set using aseptic technique.
- 7. Marketing Authorization Holder and Manufacturing Site Addresses**  
Axa Parenterals Limited  
Plot No 936, 937 & 939  
Vill. Kishanpur, Jamalpur, Roorkee-247667  
Distt. Haridwar (Uttarakhand), INDIA.  
Telephone: +91-1332-234041/42/43  
Telefax: +91-1332-234040  
E-Mail: axapar@axapar.com
- 8. Marketing Authorization Number(s)**  
NA
- 9. Date of first registration/renewal of the registration**  
NA
- 10. Date of revision of the text**  
NA