

NEONATAL Medication Monograph

CALCIUM GLUCONATE 10%

This document should be read in conjunction with this **DISCLAIMER**

Restricted: Requires Neonatologist review within 24 hours of initiation

A HIGH RISK Medication

Presentation	Vial: 2.2mmol calcium in 10mL = 0.22mmol/mL		
Description	Electrolyte Replacement		
Indications	 Hypocalcaemia; including seizures lonised calcium less than 0.65mmol/L (<0.75mmol/L if symptomatic) Hyperkalaemia 		
Contraindications	Contraindicated in patients with ventricular fibrillation or hypercalcaemia		
Dose	Note: Prescribe calcium salt in full (i.e. calcium gluconate) and strength (i.e. 10%). Dose should be expressed as 'mmol' IV: Urgent correction: 0.22-0.44mmol/kg (1-2mL/kg) over 10 minutes. Maintenance Infusion 0.44 to 0.88mmol/ kg / day(2-4mL/kg) over 24 hours Maximum 0.88mmol/ kg/ day		
Dosage Adjustment	Adjust according to calcium levels		
Adverse	Common: abdominal distension, constipation		
Reactions	Serious: Extravasation causing tissue necrosis; rapid infusion may cause bradycardia, hypotension and peripheral vasodilation		

Interactions	 Calcium Gluconate has a number of interactions – contact the Pharmacy department for further information 			
	 Calcium gluconate interact with Fat emulsion - not to be give with TPN 			
	 Do not mix with any medicine that contains phosphates, carbonates or sulfates 			
	DO NOT MIX WITH SODIUM BICARBONATE			
Compatible Fluids	Glucose 5% , Sodium chloride 0.9%			
Droporation	Urgent Correction:			
Preparation	Prepare a 1:1 dilution of Calcium Gluconate for administration.			
	e.g. for a 100mg dose (1mL) dilute with 1mL of a compatible fluid to a final volume of 2mL			
	Maintenance infusion:			
	Dilute calculated dose to a final volume of 25mL with a compatible fluid.			
Administration	For intravenous use only – Avoid intra-arterial, intramuscular or subcutaneous administration as calcium gluconate 10% is extremely irritant and may cause severe necrosis.			
	Maintenance Infusion: Infuse at 1mL/hour			
	Use central line if available			
	If administering through UVC ensure tip of UVC is not in the heart or liver			
	For rapid administration, push dose at a rate of 0.23mmol/minute to reduce the risk of phlebitis/extravasation.			
Monitoring	Serum calcium and ionised calcium concentrations.			
	Cardiac monitoring during administration. The ECG should be monitored for evidence of hypercalcaemia, bradycardia and other arrhythmias (stop infusion if heart rate is less than 100 beats per minute).			
Storage	Store at room temperature, below 25°C The solution may precipitate at low temperatures and must be discarded if it is cloudy or contains particles			

Related clinical guidelines	Exchange Transfusion Management of Hyperkalaemia General complications following cardiac surgery and management Prescribing and administration of medications to neonates
References	Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index: a universal resource for clinicians treating pediatric and neonatal patients. 23rd ed. Hudson (Ohio): Lexicomp; 2019. p2241. Truven Health Analytics. Calcium gluconate. In: Micromedex [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Nov 14]. Available from: http://www.micromedexsolutions.com/ Truven Health Analytics. Calcium gluconate. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Nov 14]. Available from: https://neofax.micromedexsolutions.com/ Society of Hospital Pharmacists of Australia. Calcium gluconate. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 Nov 14]. Available from: http://aidh.hcn.com.au

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For any enquiries relating to this guideline, please email KEMH.PharmacyAdmin@health.wa.gov.au

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