

אוגוסט 2021

רופא/ה רוקח/ת נכבד/ה,  
ברצוננו להודיעך על עדכון בעלון לרופא של

**Sodium chloride 0.9%**

חומר פעיל:

Sodium chloride 0.9 g/100 ml

התוויה מאושרת:

Short - term intravascular volume substitution.  
Hypotonic dehydration or isotonic dehydration.  
Vehicle solution for supplementary medication.  
Fluid and electrolyte replacement, hypochloremic alkalosis and chloride losses.  
Externally for wound irrigation and moistening of wound tamponade dressings.

**להלן עלון לרופא כפי שאומץ מעלון אסמכתא כלשונו(טקסט מסומן ירוק משמעותו עדכון, טקסט מסומן בצהוב משמעותו החמרה):**

**לתשומת ליבכם, אין שינוי בשם התכשיר כפי שרשום ומשווק במדינת ישראל.**

#### 1. NAME OF THE MEDICINAL PRODUCT

~~Braun Isotonic Saline Solution 0.9% - solution for infusion~~  
Sodium chloride 0.9%

#### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

1,000 mL solution for ~~injection~~infusion contain:

Sodium chloride 9.0 g

Electrolytes \_\_\_\_\_

Sodium 154 mmol/L

Chloride 154 mmol/L

For the full list of excipients, see section 6.1.

#### 3. PHARMACEUTICAL FORM

Solution for ~~injection~~infusion  
Clear, colourless, aqueous solution

Theoretical osmolarity 308 mOsm/L

Titration acidity (pH 7.4) < 0.3 mmol/L

pH 4.5 – 7.0

#### 4. CLINICAL PARTICULARS



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#### 4.1 Therapeutic indications

Short - term intravascular volume substitution.  
Hypotonic dehydration or isotonic dehydration.  
Vehicle solution for supplementary medication.  
Fluid and electrolyte replacement, hypochloremic alkalosis and chloride losses.  
Externally for wound irrigation and moistening of wound tamponade dressings.

#### 4.2 Posology and method of administration

##### Dosage

The dosage guideline for adults:  
Average dose: 1000 ml per day.  
Flow rate: Up to 180 drops/min, corresponding to 550 ml/h.  
Maximum recommended dosage: 40 ml per KG body weight and per day, not more than 2000 ml per day.  
Dosage is dependent upon the age, weight and clinical condition of the patient as well as laboratory determination.

##### Route of administration

I.V., S.C., I.M. – in use as dissolvent and carrier; External.

**When administering a solution packed in a flexible container via a pressure infusion, all air must be removed from the container and infusion system prior to administering the infusion.**

#### 4.3 Contraindications

**Sodium chloride Braun Isotonic Saline Solution** 0.9 % may not be used in the event of

- hyperhydration
- severe hypernatraemia
- severe hyperchloraemia

#### 4.4 Special warnings and precautions for use

**Sodium chloride Braun Isotonic Saline Solution** 0.9 % should be used with caution only in

- hypokalaemia
- hypernatraemia
- hyperchloraemia
- Conditions requiring a restricted intake of sodium, such as heart failure, generalised oedema, pulmonary oedema, hypertension, eclampsia and severe renal failure.

**In order prevent osmotic demyelination syndrome from developing, serum sodium concentrations should not exceed 9 mmol/L/day. As a general recommendation, a rate of correction of 4 to 6 mmol/L/day is considered appropriate in the majority of cases, depending on the patient's conditions and associated risk factors.**

Clinical monitoring should include checks of the serum ionogram, water balance and the acid-base balance.

**If the rapid infusion of 0.9 % NaCl is required, the cardiovascular and respiratory status should be monitored closely.**

Please note: if this solution is being used as a carrier solution, the safety information on the additive provided by the respective manufacturer is to be taken into account.

#### Children and adolescents

Premature or newborn babies may develop excess sodium levels due to immature kidney function.

Therefore, repeated sodium chloride infusions should only be administered after serum sodium levels have been determined.

#### **4.5 Interactions with other medicinal products and other forms of interaction**

##### *Medicinal products leading to sodium retention*

The simultaneous use of sodium-retaining medicinal products (e.g. corticosteroids, non-steroidal anti-inflammatory drugs) can lead to oedema.

#### **4.6 Fertility, pregnancy and lactation**

##### Pregnancy

There are no data from the use of ~~Braun Isotonic Saline Solution~~ Sodium chloride 0.9 % in pregnant women. Similarly, animal studies are insufficient with respect to reproductive toxicity (see section 5.3).

Given that the concentrations of sodium and chloride are similar to those found in the human body, no harmful effects are to be expected when the product is used correctly.

~~Braun Isotonic Saline Solution~~ Sodium chloride 0.9 % may therefore be used as stated.

Caution must be exercised, however, in the event of eclampsia (see section 4.4).

##### Lactation

Sodium chloride is excreted in human milk. Given that the concentrations of sodium and chloride are similar to those found in the human body, no harmful effects are to be expected when the product is used correctly.

~~Braun Isotonic Saline Solution~~ Sodium chloride 0.9 % may be used during lactation if required.

##### Fertility

No data are available.

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

~~Braun Isotonic Saline Solution~~ Sodium chloride 0.9 % has no or negligible influence on the ability to drive and use machines.

#### **4.8 Undesirable effects**

None known if used correctly.

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.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form

<http://sideeffects.health.gov.il> Healthcare professionals are asked to report any suspected adverse reactions via the

~~Bundesinstitut für Arzneimittel und Medizinprodukte~~ [Federal Institute for Drugs and Medical Devices], Abt. Pharmakovigilanz [Pharmacovigilance Dept.]

~~Kurt-Georg-Kiesinger-Allee 3 D-53175 Bonn~~

~~Website: <http://www.bfarm.de>~~

## 4.9 Overdose

### Symptoms

An overdose of ~~Braun Isotonic Saline Solution~~ Sodium chloride 0.9 % can lead to hypernatraemia, hyperchloraemia, hyperhydration, acute volume overload, oedema, serum hyperosmolality and hyperchloraemic acidosis.

In patients with chronic hyponatraemia, a rapid rise in the serum sodium concentration can lead to osmotic demyelination syndrome (see section 4.4).

The first signs of overdose may be thirst, confusion, sweating, headache, weakness, drowsiness or tachycardia. Hypertension or hypotension, respiratory failure or coma may occur in the event of severe hypernatraemia.

### Management

Depending on the severity of the symptoms, immediate stopping of the infusion and administration of diuretics whilst constantly monitoring serum electrolytes, and correction of electrolyte and acid-base imbalances.

Dialysis may be required in the event of major overdosage or oliguria or anuria.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: solutions affecting electrolyte balance, electrolytes, ATC code: B05B B01

#### Mechanism of action

Sodium is the primary cation in the extracellular space and, together with various anions, regulates the size of the latter. Sodium is one of the major mediators of bioelectric processes within the body.

Chloride is the main osmotically active anion in the extracellular space.

A rise in the serum chloride concentration leads to increased renal bicarbonate excretion. An acidifying effect is therefore induced through the administration of chloride.

#### Pharmacodynamic properties

The sodium content and fluid metabolism in the body are closely connected. Each deviation in plasma sodium from the physiological concentration simultaneously affects the body's fluid status.

Independently of serum osmolality, a rise in the sodium content within the body also means a drop in free body water.

An 0.9 % solution of sodium chloride has the same osmolality as plasma.

Administration of this solution leads primarily to filling of the interstitial space, which represents roughly 2/3 of the whole extracellular space. Only 1/3 of the volume administered remains in the intravascular space. The haemodynamic effect of the solution is therefore only short-lasting.

### 5.2 Pharmacokinetic properties

#### Absorption

As the solution is administered as an intravenous infusion, the bioavailability of the solution is 100 %.

#### Distribution

The body's total sodium content is approximately 80 mmol/kg (5600 mmol), of which 300 mmol can be found in intracellular fluid in a concentration of 2 mmol/L and 2500 mmol of which are bound in bones. Approximately 2 mol can be found in extracellular fluid in a concentration of 135-145 mmol/L (3.1-3.3 g/L).

The total chloride content in the body is approximately 33 mmol/kg bodyweight. Serum chloride ranges from 98 to 108 mmol/L.

#### Biotransformation

Although sodium and chloride are absorbed, distributed and excreted, they are not metabolised in the strict sense.

The kidneys are the main regulators of sodium and fluid balance. Together with hormonal control mechanisms (renin-angiotensin-aldosterone system, antidiuretic hormone) and with the hypothetical natriuretic hormone, they are chiefly responsible for keeping the volume of the extracellular space constant and for its fluid composition.

Chloride is exchanged for hydrogen carbonate in the tubule system and, in this way, is involved in the regulation of the acid-base balance.

#### Elimination

Sodium and chloride are excreted via sweat, urine and the gastrointestinal tract.

### 5.3 Preclinical safety data

No preclinical studies have been conducted with ~~Isotonic Saline Solution~~ **Sodium chloride** 0.9 % ~~Braun~~.

Given that sodium and chloride ions are major elements of the human body, ~~Isotonic Saline Solution~~ **Sodium chloride** 0.9 % ~~Braun~~ is not expected to have any toxic effects when used correctly.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Water for injections

### 6.2 Incompatibilities

Possible incompatibilities are to be borne in mind when mixed with other medicinal products.

### 6.3 Shelf life

~~Glass bottles and~~

~~plastic bottles: 3~~

~~years 100 mL plastic~~

~~bag: 20 months~~

~~Plastic bag larger than 100 mL: 2 years~~



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The expiry date of the product is indicated on the packaging materials.

#### 6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.

Do not store above 25°C.

#### 6.5 Nature and contents of container

LDPE bottle:

50 ml, 100 ml, 250 ml

LDPE container:

50 ml, 100 ml, 500 ml, 1000 ml

LDPE ampoule:

20 x 10 ml, 20 x 20 ml

LDPE ampoule (Mini plasco conect):

20 x 10 ml, 20 x 20 ml

Polypropylene ampoule (Mini plasco basic):

100 x 10 ml, 100 x 20 ml, 10 x 50 ml, 20 x 50 ml.

#### ~~Nature and contents of container~~

~~Glass bottles:~~

~~1 x 100 mL, 10 x 100 mL, 20 x 100 mL~~

~~1 x 250 mL, 10 x 250 mL~~

~~1 x 500 mL, 10 x 500 mL~~

~~1 x 1000 mL, 6 x 1000 mL~~

~~Plastic bottles:~~

~~1 x 50 mL, 20 x 50 mL~~

~~1 x 100 mL, 10 x 100 mL, 20 x 100 mL~~

~~1 x 250 mL, 10 x 250 mL~~

~~1 x 500 mL, 10 x 500 mL~~

~~1 x 1000 mL, 10 x 1000 mL~~

~~Set comprising~~

~~1 x 500 mL plastic bottle, infusion device and venous puncture set~~

~~Plastic bag:~~

~~1 x 100 mL, 20 x 100 mL~~

~~1 x 250 mL, 20 x 250 mL~~

~~1 x 500 mL, 20 x 500 mL~~

~~1 x 1000 mL, 10 x 1000 mL~~

~~1 x 3000 mL, 4 x 3000 mL~~

Not all pack sizes may be marketed.

#### 6.6 Special precautions for disposal

The containers are intended for single use only. After administration, the container and any remaining solution are to be discarded.

Do not use if the solution is not clear and colourless or if the container and its closure show any visible signs of damage.

#### 7. MANUFACTURER

B. Braun Melsungen AG



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8. ~~Carl-Braun Str. 1, D- 34212, Melsungen, Germany~~

**9.8. ~~MARKETING AUTHORISATION HOLDER~~**

~~Lapidot Medical Import and Marketing Ltd.~~

~~8 Hashita st., Industrial Park Caeserea 38900, Israel B. Braun Melsungen AG Carl-~~

~~Braun-Straße 1 34212 Melsungen Postal address:~~

~~34209 Melsungen Tel.: 05661/71-0 Fax: 05661/71-4567~~

**9. ~~MARKETING AUTHORISATION NUMBER(S)~~**

~~137-50-30585-00~~

~~112-93-25552-06~~

~~112-93-25552-116726174.00.00~~

**10. ~~DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION~~**

~~21-04-1998 / 07-12-2009~~

~~Revised in August 2021 according to MOH guidelines~~

**~~DATE OF REVISION OF THE TEXT~~**

~~February 2016~~

העלונים נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות [www.health.gov.il](http://www.health.gov.il) וניתן לקבלם מודפסים על ידי פניה לחברת Lapidot Medical Import and Marketing Ltd.

בברכה,  
חגי וגנר  
רוקח ממונה.