95/12623324/1116

Directions for use
Read carefully!

ECOSOL RL
(Solution for Intravenous Infusion)

Composition
Each 100 ml solution contains:

Sodium Chloride	0.600 g
Potassium Chloride	0.040 g
Calcium Chloride · 2 H_2O	0.027 g
Sodium Lactate	0.312 g
Water for Injections to	100 ml

Electrolytes:

Na^+	131 mmol/l
K^+	5 mmol/l
Ca^{++}	2 mmol/l
Cl^-	111 mmol/l
Bicarbonate$^-$ (as lactate$^-$)	29 mmol/l
Osmolarity	278 mOsm/l

Mechanism of action
Sodium Chloride is the principal salt involved in maintaining the osmotic tension of the blood and tissue. Changes in sodium and chloride levels change this osmotic tension and hence influence the movement of fluids and diffusion of salt in cellular tissue.

Sodium Lactate after absorption is metabolized in 1 to 2 hours to bicarbonate, it then behaves as endogenous bicarbonate, exerting an alkalinizing effect. In the absence of bicarbonate deficiency, it is excreted by the kidney: urine becomes less acidic with accompanying diuresis.

Potassium Chloride provides potassium ions to the body. Potassium is the principal cation of intracellular fluid and is intimately involved in cell function and metabolism. It is essential for carbohydrate metabolism, glycogen storage and for protein synthesis. Like sodium it is involved in maintaining transmembrane potential and profoundly affects muscles, including the myocardium.

Similarly, Calcium Chloride provides calcium ions. Calcium in involved in the maintenance of normal muscle and nerve function, normal cardiac function as well as normal blood clotting.

Sodium Chloride is the salt which is involved in the maintenance of osmotic pressure, blood and tissue osmoses.

Potassium Chloride is a salt for prevention or treatment of hypokalaemia accompanied by hypochloraemia.

Sodium Lactate is a salt which can be used in metabolic emergency acidosis.

Calcium Chloride is a salt which can be used for maintenance of normal muscle and nerve function.

Indications
Replacement of extracellular fluid loss (isotonic dehydration)
Salt depletion
Light metabolic acidosis
Electrolyte substitution in burns.

Posology
Dosage and Drop Rate
Intravenous injection with speed flow suggestion as follows:
2.5 ml/body weight in kg/ hour,
60 drops/70 kg of weight/minutes or
180 ml/70 kg of weight/hour.

Route of administration: I.V.

Precautions / Warning
Use with caution in patients with hypertension. Serum electrolytes and water balance should be monitored regularly.

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ID___95
0.9% Sodium Chloride Intravenous Infusion BP (Ecosol NaCl)
GIF – EP (Faltvariante 2)
95/12623324/1116
Standort Penang

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To be administered with extreme caution, if it all, to patient with an increased level or impaired utilization of lactate, such as in patients suffering from shock, congestive heart failure, hypoxia or beri-beri.

The compatibility of any additives to this solution should be checked before use.

Symptoms and treatment for overdosage
Since the concentration of ions in this preparation mimics normal plasma levels, it is unlikely to cause ionic imbalance to any great extent. Any such tendency should be readily detected in the routine serum electrolyte monitoring and appropriate management.
- Nause, vomiting, diarrhea, constipation, anorexia.
- Abdominal pain, abdominal cramps
- Listlessness, weakness (general of muscular)
- Thirst, dry mouth, swollen tongue, polyuria
- Pyrexia
- Paralysis
- Bone pain
- Diziness, drowsiness, confusion.
- Cardiac complications.
- Use with caution to patient with heart failure and to patient who suffering from shock.
- Use with caution to patient with liver failure.
- Use with caution to patient for solution which is involved Potassium to patient with hyperkalaemia and in Potassium retention.
- Overdose or too rapid intravenous infusion may cause fluid overload, hyperhydration, peripheral or pulmonry oedema and electrolyte imbalances.
- Avoid mixing with phosphat.
- Avoid use when the bottle is broken or solution is cloudy or contains visible particles.

Side effects
- such reaction may be due to the solution itself or the method of administration and may include: high temperature, irritation or infection, vein thrombosis or plebitis where the injection took place and also extravasation.
- When the side effect occur, please stop using this solution and do some evaluation to the patient.

Contraindications
Hypertonic and hypotonic dehydration
Hyperhydration, oedema
Alkalosis
Hyperkalaemia, hypernatraemia, hyperlactaemia
Renal insufficiency
Hypertension
Lactic acidosis
Severe liver damage

Drug interaction
The compatibility of any additives to this solution should be checked before use.

Storage
Do not store above 30°C.

Presentation
Plastic bottle 500 ml, 1000 ml

Reg. No.: DKI1277201649A1

Harus dengan resep dokter

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B. Braun Medical Industries Sdn. Bhd.
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Penang, Malaysia.
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