

**Directions for use**  
**Read carefully!**



95/12612860/0512

# 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 <sub>2</sub> O	0.027 g
Sodium Lactate	0.312 g
Water for Injections to	100 ml

### Electrolytes:

Na <sup>+</sup>	131 mmol/l
K <sup>+</sup>	5 mmol/l
Ca <sup>++</sup>	2 mmol/l
Cl <sup>-</sup>	111 mmol/l
Bicarbonate <sup>-</sup> (as lactate <sup>-</sup> )	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 is 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 osmotic pressure.

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

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.

schwarz

Dokument = 148 x 210 mm  
DIN A 5 – 2 Seite

0.9% Sodium Chloride Intravenous  
Infusion BP (Ecosol NaCl) – EP  
95/12612860/0512 – ID  
Standort Penang



Lätus

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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
- Dizziness, 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 pulmonary 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 phlebitis 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.: DK11277201649A1**

**Harus dengan resep dokter**

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