

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

PF 10% DEXTROSE SOLUTION FOR IV INFUSION

Sterile

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Active ingredients:

Each 100 ml solution contains 10 g dextrose anhydrous.

Osmolarity: 555 mOsm/liter

Excipients:

See section 6.1 for inactive ingredients.

3. PHARMACEUTICAL FORM

Clear colorless sterile solution for intravenous infusion.

4. CLINICAL PARTICULARS

4.1 Therapeutical indications

Intravenous administration of dextrose solution in high concentrations is provided water and calories. These solutions may induce diuresis by the patient's clinical status. PF 10% DEXTROSE indicated in the following situations:

- Dehydration, which developed due to excessive fluid loss due to a lack of glycogen storage in the liver, excessive catabolic conditions, limited food and water intake, diarrhea, vomiting or excessive fluid loss due to salt diuresis situations.
- In order to provide calorie parenteral nutrition regimen. The following cases need parenteral nutrition, a suitable protein to correct the negative nitrogen balance or to prevent the loss of nitrogen (nitrogen) is used in conjunction with the source:
 - Preoperative and postoperative periods, or severe liver, kidney, heart and gastrointestinal diseases as well as in cases where restriction of oral food and water intake.
 - Situations where the absorption of proteins from gastrointestinal impaired.
 - Increased metabolic needs to proteins etc. severe burns.
- Insulin dependent or non-dependent hypoglycemia (including the new-born babies and infants with acute symptomatic hypoglycemia blood glucose levels to normal upgrade).

4.2 Posology and route of administration

Posology/ Frequency and period of administration:

Rate of administration and dose will be adjusted by the doctor based on age, the clinical and biological status of the patient.

When used as a solvent for another drug infusion it is determined by the proposed use of the drug to be administered by dissolving volume to be selected.

Frequency of administration and dose will be adjusted by the doctor based on the clinical status of the patient. To prevent the development of hyperglycemia, the infusion rate should not exceed the patient's glucose oxidation capacity.

Therefore, the maximum application rate of dextrose 500-800 mg / kg / hr.

Route of administration:

Administration will be made intravenously using sterile apyrogen sets

For details see 6.6

Additional information related to special populations:

Renal/ hepatic impairment:

Since there are no studies performed specifically on this population, there are no special dosages recommended for this patient group.

Paediatric population:

Like in the adults, the dosage to be administered and the infusion rate will be adjusted according to the weight and clinical and biological status of the patient and also according to the treatment to be administered concomitantly.

Geriatric population:

Like in the adults, the dosage to be administered and the infusion rate will be adjusted according to the weight and clinical and biological status of the patient and also according to the treatment to be administered concomitantly.

4.3. Contraindications

Use of hypertonic dextrose solutions is contraindicated in patients with;

- Intracranial or intraspinal haemorrhage
- Severe dehydration situations
- Anuria situations
- Hepatic coma
- Known sensitivity to corn or corn products

4.4 Special warnings and precautions for use

Prolongation of parenteral therapy or fluid balance when required by the patient's condition, clinical evaluation of electrolyte concentrations and changes in acid-base balance and periodic laboratory tests are required.

One liter of PF 10% DEXTROSE provides 340 kcal. Solutions containing dextrose must be administered carefully to patients known to have diabetes mellitus or to sub-clinic diabetics .

In patients with sodium deficiency, administration of dehydrated dextrose solutions by intravenous infusion may cause peripheral collapse and oliguria.

Use of these solutions by long-term intravenous infusion can lead to a spreading thrombophlebitis condition.

Osmolarity of PF 10% DEXTROSE is 555 mOsm / liter. Hypertonic dextrose solutions, without dilution in a suitable way that administered through the vein can cause irritation, damage and thrombosis of the veins. Therefore, a large central vein of excess hypertonic solutions, if possible vena cava superior is recommended that they be administered via an intravenous catheter.

Especially in patients with the heart failure to avoid overloading of circulation, it should be careful. In patients with renal failure, glucose tolerance may be impaired.

Application of too much hypertonic dextrose solution to the patients may result an important hypokalaemia If necessary, additional potassium should be applied.

Avoid overloading of circulation, especially in patients with heart failure. Application of hypertonic dextrose solutions may cause serum electrolyte dilution, overhydration, congestive conditions or pulmonary edema liquid and / or solute loading. Dilution risk electrolyte is inversely proportional to its concentration. The development risk of congestive conditions that may lead to peripheral and pulmonary oedema is proportional to the electrolyte concentration in the solution

Overdose or fast administration of dextrose injections in newborn babies with very low birth weight may result in increased serum osmolarity and possible intracranial hemorrhage.

4.5 Interactions with other medical products and other modes of interaction

Electrolyte-free dextrose solutions should not be applied same infusion set with blood, due to the possibility of agglomeration or erythrocyte hemolysis.

Patients who receive corticosteroids or corticotropin need attention during the implementation of hypertonic dextrose solution. Hyperglycemic effect of the solution may change the requirement for insulin in diabetics.

4.6 Pregnancy and lactation

General recommendations

Pregnancy category: C.

Women of childbearing potential /Contraception

Adequate data related to the use of dextrose solutions containing PF 10% DEXTROSE in pregnant women are not available.

Studies carried out on animals are inadequate as regards the effects on pregnancy and/or embryonic /fetal development and/or natal/ postnatal development (see: Section 5.3). Potential risks on humans are not known.

PF 10% DEXTROSE must not be used during pregnancy unless considered absolutely vital importance.

Pregnancy

Studies carried out on animals are inadequate as regards the effects on pregnancy and/or embryonic /fetal development and/or natal/ postnatal development (see: Section 5.3). Potential risks on humans are not known.

PF 10% DEXTROSE must not be used in pregnant women except when the benefit is higher than the possible risks to the fetus

The literature contains dextrose and sodium chloride in the labor and delivery has been reported that the action of the solution used. The mother and fetus fluid balance, acid-base balance and electrolyte concentration of dextrose and should be evaluated on a regular basis or when the situation requires the patient or fetus.

Lactation

There is no known adverse effect on breastfeeding babies implementation of an intravenous infusion of dextrose solution. In case of any doubt, the patient should not breast feed.

Fertility

Effect on reproductive ability of intravenous infusion of the dextrose solution was not investigated.

4.7 Effects on driving and using machines

Driving is practically impossible during the use of solutions administered through infusion. It has no known effects on driving or use of machines after administration.

4.8 Undesirable effects

PF 10% DEXTROSE can cause hyperglycemia, fluid balance disorders (hypervolemia) and to changes in electrolyte levels (hypokalemia, hypomagnesemia and hypophosphatemia).

Adverse effects depending on application techniques include febrile reactions, injection site infection, venous thrombosis or phlebitis at the injection site starting spreading, has extravasation and hypervolemia.

Very rapid infusion of hypertonic solutions lead to local pain and venous irritation. Application rate should be adjusted according to patient tolerance. Widest peripheral vein and possible fine needle is recommended to be selected. It was recognized early this kind of effect patients should be monitored regularly during practice for the implementation of appropriate treatment.

Dilution of additional drugs administered with the liquid in the bottle must be vigilant about what led to the adverse effects. In such a case, additional information should be viewed.

The infusion should be interrupted in case of occurrence of adverse effects, patients should be evaluated, appropriate therapeutic measures should be retained for analysis and the remaining solution in the bottle when it should be needed.

Adverse effects seen during the administration of PF 10% DEXTROSE is as follows:

Very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$), and unknown (available data do not allow deciding)

Immune system disorders

Rare: Allergic reactions (depend on additive drug)

Unknown: Anaphylactic reaction; hypersensitivity

Metabolic and nutritional disorders

Common: Electrolyte imbalance and hyperglycemia

Uncommon: Hemodilution and hypervolemia

Skin and subcutaneous tissue disorders

Uncommon: Sweating

General disorders and administration site conditions

Uncommon: Fever, tremor, febrile reactions, infection in the injection site;

Rare: Thrombophlebitis

Investigations

Uncommon: Glucosuria

4.9. Overdose and treatment

Typical initial signs of overdosing are increase in extracellular fluid, hyperglycemia, decreased hemoglobin and hematocrit, decrease in serum electrolyte concentration, increase in extracellular potassium passage and plasma osmolarity range of cells.

Overdose in patients with normal renal function - depending on the applied hyperosmolarity solution - more or less abundant cause an osmotic diuresis; of this electrolyte, especially accompanied by a loss of potassium.

Due to the excess of water-binding capacity of infused hypertonic carbohydrate solution, low-dose or multi dehydration occurs during osmotic diuresis in case of overruns.

Dehydration is characterized by reduction of the initially increased plasma osmolarity. Therefore, falling hemoglobin and hematocrit levels after the overdose return to normal values during diuresis immediately.

If diuresis develops slowly, metabolic disorders may occur with dextrose overdoses; this is

especially characterized by the production of lactic acid and reduction of pH. If diuresis does not occur, circulating edema symptoms associated with overload (including pulmonary edema) - and a heavy reduction in intracellular potassium can be seen.

Treatment of overdose, the other measures to be taken in overdose

Appropriate level of diuresis:

Implementation of a slightly hypotonic electrolyte solution by continuously monitoring fluid balance and acid-base status, serum electrolyte levels is recommended due to replace lost of fluids and specific electrolytes (especially potassium) with osmodiuresis.

Formulation of a solution can be proposed to replace lost fluids and major electrolytes are as follows: 1000 ml of each solution at about 120 mmol of sodium, 30 mmol of potassium, 150 mmol chloride. Defeats other electrolytes must be replaced as well.

What next diuresis replace lost fluids and electrolytes, if an acid-base imbalance, which in laboratory values should be continuously monitored and corrected.

Overdose treatment in case of oliguria / anuria:

Using peritoneal dialysis solutions without carbohydrates can be done as a last resort or extracorporeal hemodialysis.

5. PHARMACOLOGICAL PROPERTIES

Osmolarity of the solution is 555 mOsm/l. Each liter of PF 10% DEXTROSE provides 340 kcal.

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Parenteral nutritional solutions/ Carbohydrates

ATC code: B05BA03

Osmolarity of PF 10% DEXTROSE is 555 mOsm/l. Each liter provides 340 kcal. Hypertonic dextrose solutions have value as a source of water and calories. It is capable of inducing diuresis depending on the clinical condition of the patient.

Dextrose is readily metabolized, may decrease losses of body protein and nitrogen, promotes glycogen deposition and decreases or prevents ketosis if sufficient doses are provided. Therefore high concentration dextrose solutions mainly used to provide calories in parenteral nutrition.

Used with suitable protein source to prevent nitrogen loss or correct the negative nitrogen balance (nitrogen) in such cases parenteral nutrition is indicated that the preoperative and postoperative periods, or severe liver, kidney, heart, and as in gastrointestinal disorders where the oral food and water intake restricted, proteins gastrointestinal where impaired absorption from the system and protein burns with increased severe metabolic requirements, etc.

Also in hypoglycaemia (including the new-born babies and infants blood glucose levels in acute symptomatic hypoglycemia upgrade normal) for hydration next calories they provide hypertonic dextrose solution used for dehydration because they provide the necessary water, depending on the excessive fluid loss due to a lack of glycogen storage in the liver in excessive catabolic states, limited food and water intake, diarrhea, vomiting or salt in excessive fluid loss due to diuresis status is used.

5.2 Pharmacokinetic properties

Dextrose easily gives metabolized energy in the body by pyruvic acid or lactic acid and largely is converted to water with carbon dioxide.

Absorption:

Active substances in the drugs administered intravenously reached maximum plasma concentration immediately after administration.

Distribution:

Dextrose can be administered without causing glucosuria with dosages up to 0.5 g/kg. Approximately 95% of the administered dextrose will remain in the body is administered with a rate of 0.8g/kg, which is the highest infusion rate.

Biotransformation:

Dextrose is easily and fully metabolized in the body through pyruvic acid or lactic acid route and provides energy while largely turning into carbon dioxide and water.

Elimination:

Carbon dioxide formed as a result of biotransformation is excreted from the lungs, and water is mainly excreted through the kidneys, and with sweat, feces and expiration air in lesser amounts.

Linearity / non-linear conditions:

PF 10% DEXTROSE SOLUTION FOR IV INFUSION in the composition of the body at a rate that will complement deficiency shows a linear pharmacokinetic behavior when administered at therapeutic doses.

5.3 Pre-clinic safety data

Since the components of the solution are physiological components of the human and animal plasma, and since no toxic effects are expected from clinical administrations, no safety studies have been performed on PF 10% DEXTROSE.

Safety of the drugs added to the solution must be handled separately.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Water for injection

6.2 Incompatibilities

Like for all the parenteral solution, compatibility of the drug to be added to PF 10% DEXTROSE must be evaluated before addition.

Solubility and stability of the drug to be added to PF 10% DEXTROSE must be confirmed before adding drug to be the solution.

6.3. Shelf-life

24 months

6.4 Special precautions for storage

It must be kept at room temperature under 25 °C away from direct light.

6.5 Nature and contents of the packaging

PF 10% DEXTROSE is offered in 250 ml, 500 ml and 1000 ml glass bottles.

6.6 Destruction of the residual materials human medicinal product and other special precautions

The unused or waste products must be discarded according to the “Regulation Related to the Control of Medical Wastes” and the “Regulation Related to the Control of Packaging and Packaging Wastes”.

Application instructions:

The solution should be checked before use.

Application is done intravenously with sterile pyrogen sets.

Only clear solutions not containing any particles within intact packaging must be used.

Administration must be started within the shortest time possible after attaching the application set to the product.

With the purpose of preventing air embolism because of the residual air in the bottle, serial connection to other infusion liquids must not be made.

The solution must be administered through the sterile application set using the aseptic technique. Fluid must be passed through the application set to prevent entry of air to the system.

Additional drugs can be added with the help of an injector under aseptic conditions before or during the infusion. Isotonicity of the final products must have been determined before the parenteral administration.

The added drug must be mixed thoroughly before administering to the patient. Solutions containing additional drugs must be used immediately after the addition of the drug, and must not be kept to be used later.

Addition of drugs to the solution or erroneous application technique can cause febrile reaction depending on the contamination of the product with pyrogens. Infusion must be stopped immediately in case adverse reactions are seen.

It is for single use.

Partially used solutions must not be stored.

Partially used bottles must not be re-connected to systems applied to the patient.

Addition of drugs

Caution: Like in all the parenteral solutions, all the substances to be added to the product must be compatible with the product. If any drug will be added to the product, compatibility must be checked before administration to the patient.

Adding drugs before administration:

1. The administration end will be disinfected.
2. The drug to be added will be added into the bottle using an injector with a 19-22 gauge tip.

3. The solution with the added drug will be mixed thoroughly.

Caution: Bottles with added drugs must not be stored.

Addition of drugs during administration

1. The clamp of the set will be closed.
2. The administration end will be disinfected.
3. The drug to be added will be added into the bottle using an injector with a 19-22 gauge tip.
4. Solution is removed from the hanger and turned upside down.
5. In this position, the bottle is tapped gently to mix the solution and additional medication.
6. Open the clamp after the bottle will be brought to the previous position and administration will be continued.

7. MARKETING AUTHORISATION HOLDER

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8. MARKETING AUTHORISATION NUMBER(S)

176/100

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date Of First Authorisation: 17.01.1996

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18.12.2019