REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
folic acid

Effective Date: Dec 2012 **Revised Date:** Nov13-2013 **Reviewed Date:** May 9 2018	CLASSIFICATION **Hemopoietic Vitamin**	OTHER NAMES **Folvite, Sodium Folate**	PAGE 1 of 1

ADMINISTRATION POLICY:

IV Bolus - May be administered by a nurse
IV Intermittent - May be administered by a nurse
IM Injection - May be administered by a nurse
Subcutaneous - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 5 mg/mL - 10 mL vial

IV Bolus: Doses less than or equal to 5 mg may be administered undiluted (or diluted to 10 mL) and given over at least 1 minute. Doses greater than 5 mg may be given as IV intermittent dose.

IV Intermittent: Dilute dose in 50 mL normal saline. Administer over 30 minutes

IM/Subcutaneous: Administer undiluted

Maximum rate: 5 mg/minute
Maximum concentration: 5 mg/mL

DOSAGE:

Usual:

Anemia/Folic acid deficiency/alcohol withdrawal:	0.25 to 5 mg IV/IM /subcutaneous daily
Tropical sprue:	3 to 15 mg IV/IM/subcutaneous daily
Methyl alcohol poisoning:	50 mg IV every 4 to 6 hours Continue treatment for 24 hours until methyl alcohol metabolites have been eliminated. (Leucovorin is the preferred agent for the treatment of methyl alcohol poisoning, especially for the first dose).

Maximum single dose: 50 mg
Maximum daily dose: 300 mg

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Hypersensitivity reaction (rare), rash, urticaria, bronchospasm
- Slight flushing of feeling of warmth
- GI reactions (daily dose of 15 mg or higher): anorexia, nausea, abdominal distension, flatulence, bitter/bad taste
- CNS (daily doses of 15 mg or higher): difficulty in concentrating, irritability, excitement, confusion

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Administer with extreme caution to patients with undiagnosed anemia since folic acid may mask diagnosis of pernicious anemia.