



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
pyridoxine

Effective Date: Mar12-2014

Revised Date: Mar 17 2021

CLASSIFICATION

**Antidote
Vitamin**

OTHER NAMES

Vitamin B6

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ADMINISTRATION POLICY:

- IV bolus:** - May be administered by a nurse
- IV Infusion** - May be administered by a nurse
- IM injection:** - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL – 30 mL vial

IV bolus: Use this route only if patient is seizing. Administer initial bolus at a maximum rate of 1 gram/minute

IV intermittent: Dilute dose in 100 mL normal saline and administer over 30 to 60 minutes. This is the preferred route of administration in patients without seizures.

IM: Administer dose undiluted (maximum 250 mg (2.5 mL) per IM site.

DOSAGE:

Usual:

Pyridoxine deficiency/drug-induced neuritis: 10 to 500 mg daily

Antidote doses: Isoniazid overdose: pyridoxine dose equal to amount of isoniazid ingested, generally to 4 grams; then 1 gram every 30 minutes, until entire dose is given

Maximum rate: IV bolus: 1 gram/minute
IV intermittent: over 30 minutes

Maximum concentration: 100 mg/mL

Maximum single dose: 5 grams

STABILITY/COMPATIBILITY:

Stability of Final Admixture: Use immediately

Compatibility: Compatible with normal saline, D5W, dextrose-saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Burning or stinging sensation at injection site
- Slight flushing or a feeling of warmth
- Hypersensitivity reactions
- With larger doses: paresthesia, somnolence, seizures

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- For isoniazid overdose: if parenteral pyridoxine is unavailable, administration may be attempted via nasogastric or orogastric tube (or orally if patient able to swallow)