



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

sodium bicarbonate



Effective Date: Dec 2012

Revised Date: Jan 2024

CLASSIFICATION

**Electrolyte
Alkalizer**

OTHER NAMES

NaHCO₃

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ADMINISTRATION POLICY:

- IV Bolus - May be administered by a nurse
- IV Intermittent - May be administered by a nurse
- IV Infusion - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 1 mmol/mL (8.4%) – 50 mL vial; prefilled syringes – 50 mL (50 mmol)

IV Bolus: undiluted over 1 to 3 minutes

IV Intermittent: undiluted or diluted in 100 mL normal saline. Administer over 20 to 30 minutes.

IV Infusion: dilute in 250 mL to 1000 mL of normal saline.

Maximum rate: over 1 to 3 minutes

Maximum concentration: 1 mmol/mL

DOSAGE:

Usual: 50 mmol
Doses as high as 2 to 5 mmol/kg over 4 to 8 hours have been used for metabolic acidosis.

Maximum single dose: dependent on patient response

Maximum daily dose: clinically dependent

STABILITY/COMPATIBILITY:

Stability of Diluted Solution: 24 hours at room temperature

Compatibility: Compatible in D5W, normal saline or dextrose-saline combinations

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Hyperexcitability, restlessness, irritability, alkalosis, hypocalcemia, hypokalemia, sodium retention.
- Interstitial administration may cause tissue necrosis.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Monitor serum sodium and electrolytes and acid/base balance
- Sodium content may induce water retention in cardiac and renal patients
- Sodium Bicarbonate may be used with mannitol in a trauma cocktail (to be ordered on a patient specific basis).