



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

thiamine

Effective Date: Oct 2012

Revised Date: Sept 2022

Review Date:

CLASSIFICATION

Vitamin

OTHER NAMES

Vitamin B₁

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ADMINISTRATION POLICY:

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

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL – 1 mL ampoule

IV bolus: Administer dose undiluted, or diluted to 10 mL, over at least one minute

IV intermittent: Dilute further 10 to 100 mL with normal saline and administer over 15 to 30 minutes

IM: Administer undiluted

DOSAGE:

Alcohol withdrawal syndrome: 100 to 300 mg IV/ IM daily x 3 days
 for treatment of Wernicke’s encephalopathy: 200 to 500 mg IV/ IM 3 times a day for 2 to 7 days then reassess
 for prevention of Wernicke’s encephalopathy: 100 to 200 mg IV/ IM daily for 3 to 5 days

Thiamine deficiency (beriberi): 5 to 30 mg IV/IM three times daily (if critically ill)

Ethylene glycol poisoning: 100 mg IV daily until intoxication has resolved

Maximum single dose: 300 mg (exception 500 mg for Wernicke’s encephalopathy)

Maximum daily dose: 1000 mg (exception 1500 mg for Wernicke’s encephalopathy)

Maximum rate: Over at least 1 minute

Maximum concentration: 100 mg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: Use immediately

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

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Pain at injection site, especially with rapid administration of undiluted drug
- Anaphylactoid reactions occur rarely, but may be more likely with large doses and rapid administration
- Transient rise in blood pressure

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Absorption is complete and rapid with IM administration
- Only short term therapy is warranted because of long half-life