



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

phytonadione

<p>Effective Date: May14-2014</p> <p>Revised Date:</p>	<p>CLASSIFICATION</p> <p>Vitamin</p>	<p>OTHER NAMES</p> <p>Vitamin K aquamaphyton</p>	<p>PAGE</p> <p>1 of 2</p>
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ADMINISTRATION POLICY:

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

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 2 mg/mL – 0.5 mL ampoule
10 mg/mL – 1 mL ampoule

IV bolus: Administer undiluted or diluted in convenient volume of compatible solution slowly over at least 5 minutes.

IV intermittent: Dilute in convenient volume of compatible solution. Infuse over 10 to 15 minutes.

IM: Preferred route of administration. Use needle gauge and length appropriate for age.

Subcut: Use needle gauge and length appropriate for age.

DOSAGE:

IV, IM, Subcut: **Newborn:** 0.5 to 1 mg given ONCE at birth. May repeat 6 to 8 hours later as needed (IM preferred)
Infant/Child: 1 to 2 mg per dose. Repeat if necessary ONCE daily for 2 to 3 days.

Maximum rate : 3 mg per m² per minute

Maximum concentration : IV, IM, Subcut: 10 mg/mL

STABILITY/COMPATIBILITY:

Stability of final admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, D10W, normal saline, dextrose-saline solutions



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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Hypersensitivity: rash, urticaria, anaphylaxis
- CV: cardiac arrest, rapid and weak pulse, transient hypotension
- GI: nausea, vomiting
- Neuro: dizziness, headache, convulsive movements
- Resp: bronchospasm, respiratory arrest
- Local: transient flushing, pain swelling and tenderness at site of injection
- Other: profuse sweating, hyperbilirubinemia (neonates)

CAUTION:

- Use IM route whenever possible. Rare hypersensitivity reactions have been associated with the IV route (dilution and slow infusion may not prevent these reactions)
- Phytonadione is safer in newborns than other water soluble Vitamin K analogues

CONTRAINDICATIONS:

- Hypersensitivity to phytonadione or any of the components of the product.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS: