Electrolytes Combination Therapy

Dr.N.Gopinathan M.Pharm Ph.D

Assistant Professor
Faculty of Pharmacy
Sri Ramachandra

Medical college and Research institute (Deemed University)
Chennai, Tamilnadu India.

- IN SHORT TERM TREATMENT OF ELECTROLYTE REPLACEMENT THERAPY SUCH AS AFTER SURGERY.
- THE GLUCOSE AND SALINE SOLUTION IN THE FORM OF INFUSION MAY BE ADEQUATE.
- IN CASE OF SEVERE CONDITIONS, SOLUTIONS CONTAINING EXTRA ELECTROLYTES ARE NEEDED.

Fluid maintenance therapy

 It is used to supply normal requirements of electrolytes for the patients those who are unable to take orally.

 All of the maintenance solutions contains 5 % dextrose.

Fluid maintenance therapy

Electrolytes	Normal requirements in meq/I
Sodium	25 - 30
Potassium	15 – 20
Chloride	22
Bicarbonate	20-23
Magnesium	3
Phosphorous	3

Electrolyte Replacement Therapy

- It is needed for very severe loss of electrolytes and water due to severe vomiting, high fever, wounds due to burns and diarrhoea.
- A solution for rapid initial replacement.
- A solution for subsequent replacement
- The concentration of electrolytes in quick initial replacement.
- Solution is more or less similar to that of extra cellular fluid. Some solutions contain large amount of potassium.

A solution for rapid initial replacement.

Electrolyte	Normal requirement in meq/lit
Sodium	130 - 150
Potassium	4 - 12
Chloride	98-109
Bicarbonate	28-55
Magnesium	3
Calcium	3-5

A solution for subsequent replacement.

Electrolyte	Normal requirement in meq/lit
Sodium	130 - 150
Potassium	4 - 12
Chloride	98-109
Bicarbonate	28-55
Magnesium	3
Calcium	3-5
Phosphorous	5

- It contains not less than 90% not moe than 110 % of dextrose.
- The required electrolyte are sodium, potassium, chloride and citrate.
- It can be preferred when there is a excess fluid loss.
- Eg. Diarrhoea and vomiting

 It is dry homogenous powdered mixture of dextrose, sodium chloride, potassium along with sodium citrate or sodium carbonate used for electrolyte replacement therapy after being dissolved in the required quantity of water.

- It may contain some flavoring agent and sweetening agent but not the artificial sweetening agent.
- It contains some diluents for increase in the flow property.
- Saccharin / aspartame are used as sweetening agent for the pediatric ORS preparation.

- Saccharin daily intake is not more than 5 mg/kg of weight daily.
- Aspartame intake is 40 mg/kg of body weight daily.
- The preparation contains

Sodium chloride - 2.6 g

Dextrose anhydrous – 13.5 g

Active ingredient	Required Amount in grams
Dextrose monohydrate	14.85
Potassium Chloride	1.5
Sodium citrate	2.9
Water Q.S	1000ml

THANK YOU