

UNIT FARMASI KLINIKAL DAN MAKLUMAT DRUG, JAB. FARMASI, HOSPITAL USM EDARAN MAKLUMAT UBAT

OGOS 2020, Volume 45; Issue 4

JOULIE'S SOLUTION

(JOULIE'S SOLUTION = 1 MMOL PHOSPHATE/ML, 0.76 MMOL SODIUM/ML)

CONTENT: (1)

Drug Name : Joulie's Solution (13.6 g/100 ml)

Volume of preparation: 100 ml

Ingredients:	
Disodium Hydrogen Phosphate	13.6 g
Acid Phosporic 85%	5.88 g
Rasberry Essence	0.2 ml
Syrup	25 ml
Chloroform Water Conc. 10%	1.5 ml
Distilled Water to	100 ml

DOSE:

Hypophosphataemia⁽³⁾

Neonate: 1mmol/kg daily in 1-2 divided doses, dose

adjusted as necessary.

Child 1month-4years: 2-3mmol/kg daily in 2-4 divided doses (maximum initial dose 48mmol per day), dose adjusted as necessary.

Child 5-17 years: 2-3mmol/kg/daily in 2-4 divided doses (maximum

Initial dose 96mmol per day), dose adjusted as necessary.

Oral replacement: (2)

1-2mmol/kg per day in divided doses with feeds. Consider this route if the baby is on half oral feeds Maximum dose daily not to exceed 2mmol/kg

References

- 1) Unit Pemonitoran Drug Terapeutik dan Penyediaan Farmaseutikal, Jab. Farmasi, Hosp. USM.
- Canterbury District Health Board-Sodium Dihydrogen Phosphate. Retrieved on 12/8/2020 from: https://cdhb.health.nz/wp-content/uploads/2913a2d1-sodium20dihydrogen20phosphate.pdf
- 3) LTHT Paediatric Administration Guide Oral Phosphate.
 Retrieved on 12/8/2020 from:
 http://www.leedsformulary.phs.uk/docs/PaediatricPhy

http://www.leedsformulary.nhs.uk/docs/PaediatricPhosphateOralMonograph.pdf

INDICATIONS: (2)

- Hypophosphatemia (including rickets and osteomalacia)
- Hyponatraemia oral supplement when the phosphate is also low, the ALP is elevated and Human Milk Fortifier (HMF) is contraindicated

CONTRAINDICATIONS:(2)

Hyperphosphataemia, hyperkalemia, hypocalcaemia, hypernatraemia.

<u>Caution</u> in impai<mark>red renal</mark> function, cardiac disease, adrenal insufficiency and dehydration.

MONITORING:(2)

Serum calcium, phosphate, potassium, sodium, magnesium and urine output should be monitored

If HMF and sodium dihydrogen phosphate are used concurrently, the baby needs monitoring of the phosphate and calcium levels and a change to monotherapy should occur as soon as possible. (2)

Calcium should not be given at the same time as phosphate. At least two hours should be left between doses of calcium and phosphate. (2)

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