

**DEXTROSE- dextrose monohydrate injection, solution**  
**Henry Schein, Inc.**

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**50% Dextrose 0.5 gm/mL Injection, USP 50 mL PreFilled Syringe**

NOTE: This solution is hypertonic - See WARNINGS and PRECAUTIONS.

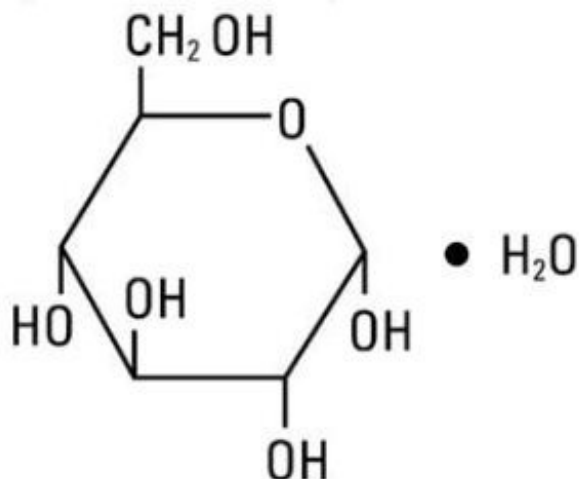
LifeShield® Abboject® Syringe Fliptop Container

Ansyr™ II Plastic Syringe

Rx only

**Description**

50% Dextrose Injection, USP is a sterile, nonpyrogenic, hypertonic solution of dextrose in water for injection for intravenous injection as a fluid and nutrient replenisher. Each mL of fluid contains 0.5 g dextrose, hydrous which delivers 3.4 kcal/gram. The solution has an osmolarity of 2.53 mOsmol/mL (calc.), a pH of 4.2 (3.2 to 6.5) and may contain sodium hydroxide and/or hydrochloric acid for pH adjustment. The solution contains no bacteriostat, antimicrobial agent or added buffer (except for pH adjustment) and is intended only for use as a single-dose injection. When smaller doses are required, the unused portion should be discarded with the entire unit. Dextrose, USP is chemically designated C<sub>6</sub>H<sub>12</sub>O<sub>6</sub>• H<sub>2</sub>O (D-glucose monohydrate), a hexose sugar freely soluble in water. Dextrose, hydrous has the following structural formula:



Water for Injection, USP is chemically designated H<sub>2</sub>O .

The syringe is molded from a specially formulated polypropylene. Water permeates from inside the container at an extremely slow rate which will have an insignificant effect on solution concentration over the expected shelf life. Solutions in contact with the plastic container may leach out certain chemical components from the plastic in very small amounts; however, biological testing was supportive of the safety of the syringe material.

**Clinical Pharmacology**

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## **Indications and Usage**

50% Dextrose Injection is indicated in the treatment of insulin hypoglycemia (hyperinsulinemia or insulin shock) to restore blood glucose levels. The solution is also indicated, after dilution, for intravenous infusion as a source of carbohydrate calories in patients whose oral intake is restricted or inadequate to maintain nutritional requirements. Slow infusion of hypertonic solutions is essential to insure proper utilization of dextrose and avoid production of hyperglycemia.

## **Contraindications**

A concentrated dextrose solution should not be used when intracranial or intraspinal hemorrhage is present, nor in the presence of delirium tremens if the patient is already dehydrated. Dextrose injection without electrolytes should not be administered simultaneously with blood through the same infusion set because of the possibility that pseudoagglutination of red cells may occur.

## **Warnings**

50% Dextrose Injection is hypertonic and may cause phlebitis and thrombosis at the site of injection. Significant hyperglycemia and possible hyperosmolar syndrome may result from too rapid administration. The physician should be aware of the symptoms of hyperosmolar syndrome, such as mental confusion and loss of consciousness, especially in patients with chronic uremia and those with known carbohydrate intolerance. The intravenous administration of this solution can cause fluid and/or solute overloading resulting in dilution of serum electrolyte concentrations, overhydration, congested states or pulmonary edema. Additives may be incompatible. Consult with pharmacist if available. When introducing additives, use aseptic technique, mix thoroughly and do not store.

For peripheral vein administration:

The solution should be given slowly, preferably through a small bore needle into a large vein, to minimize venous irritation.

For central venous administration:

Concentrated dextrose should be administered via central vein only after suitable dilution.

## **Precautions**

Do not use unless the solution is clear and seal is intact. Discard unused portion.

Electrolyte deficits, particularly in serum potassium and phosphate, may occur during

prolonged use of concentrated dextrose solutions. Blood electrolyte monitoring is essential and fluid and electrolyte imbalances should be corrected. Essential vitamins and minerals also should be provided as needed.

To minimize hyperglycemia and consequent glycosuria, it is desirable to monitor blood and urine glucose and if necessary, add insulin.

When a concentrated dextrose infusion is abruptly withdrawn, it is advisable to follow with the administration of 5% or 10% dextrose injection to avoid rebound hypoglycemia.

Solutions containing dextrose should be used with caution in patients with known subclinical or overt diabetes mellitus.

Care should be exercised to insure that the needle is well within the lumen of the vein and that extravasation does not occur. If thrombosis should occur during administration, the injection should be stopped and corrective measures instituted.

Concentrated dextrose solutions should not be administered subcutaneously or intramuscularly.

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

Studies with solutions in polypropylene syringes have not been performed to evaluate carcinogenic potential, mutagenic potential or effects on fertility.

#### Pregnancy

Animal reproduction studies have not been conducted with dextrose. It is also not known whether dextrose can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Dextrose should be given to a pregnant woman only if clearly needed.

#### Nursing Mothers

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when 50% Dextrose Injection, USP is administered to a nursing mother.

### **Adverse Reactions**

Hyperosmolar syndrome, resulting from excessively rapid administration of concentrated dextrose may cause mental confusion and/or loss of consciousness. Reactions which may occur because of the solution or the technique of administration include febrile response, infection at the site of injection, venous thrombosis or phlebitis extending from the site of injection, extravasation and hypervolemia. If an adverse reaction does occur, discontinue the infusion, evaluate the patient, institute appropriate therapeutic countermeasures and save the remainder of the fluid for examination if deemed necessary.

### **Overdosage**

In the event of overhydration or solute overload during therapy, re-evaluate the patient and institute appropriate corrective measures. See WARNINGS and PRECAUTIONS.

### **Dosage and Administration**

For peripheral vein administration:

Injection of the solution should be made slowly. The maximum rate at which dextrose can be infused without producing glycosuria is 0.5 g/kg of body weight/hour. About 95% of the dextrose is retained when infused at a rate of 0.8 g/kg/hr. In insulin-induced hypoglycemia, intravenous injection of 10 to 25 grams of dextrose (20 to 50 mL of 50% dextrose) is usually adequate. Repeated doses and supportive treatment may be required in severe cases. A specimen for blood glucose determination should be taken before injecting the dextrose. In such emergencies, dextrose should be administered promptly without awaiting pretreatment test results.

For central venous administration:

For total parenteral nutrition 50% Dextrose Injection, USP is administered by slow intravenous infusion (a) after admixture with amino acid solutions via an indwelling catheter with the tip positioned in a large central vein, preferably the superior vena cava, or (b) after dilution with sterile water for injection. Dosage should be adjusted to meet individual patient requirements. Clinical evaluation and periodic laboratory determinations are necessary to monitor changes in fluid balance, electrolyte concentrations and acid-base balance during prolonged parenteral therapy or whenever the condition of the patient warrants such evaluation. The maximum rate of dextrose administration which does not result in glycosuria is the same as cited above. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. See CONTRAINDICATIONS.

## How Supplied

50% Dextrose Injection, USP is supplied in single-dose containers as follows:

Unit of Sale	Concentration
NDC 0409-4902-34	25 g/50 mL
Bundle containing 10 LifeShield® Abboject® Unit of Use Syringe with male luer lock adapter and protected needle	(0.5 g/mL)
NDC 0409-6648-02	25 g/50 mL
Tray containing 25 50 mL Single-Dose Flip-top Vials	(0.5 g/mL)
NDC 0409-7517-16	25 g/50 mL
Bundle containing 10 Ansyr™ II Plastic Syringe with syringe and barrel detached	(0.5 g/mL)

Exposure of pharmaceutical products to heat should be minimized. Avoid excessive

heat. Protect from freezing. Store at 20 to 25°C (68 to 77°F). [See USP Controlled Room Temperature.]

**Product repackaged by: Henry Schein, Inc., Bastian, VA 24314**

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From Original Manufacturer/Distributor's NDC and Unit of Sale	To Henry Schein Repackaged Product NDC and Unit of Sale	Total Strength/Total Volume (Concentration) per unit
NDC 0409-4902-34 Bundle containing 10 Lifeshield® Abboject® Unit of Use Syringe	NDC 0404-9846-50 1 Lifeshield® Abboject® Unit of Use Syringe per bag (Syringe bears NDC 0409- 4902-64)	25 g/50 mL (0.5 g/mL)
NDC 0409-6648-02 Tray containing 25 50 mL Single-Dose Fliptop Vials	NDC 0404-9847-50 1 Single-Dose Fliptop Vial per bag (Vial bears NDC 0409-6648- 16)	25 g/50 mL (0.5 g/mL)
NDC 0409-7517-16 Bundle containing 10 Ansyrtm II Plastic Syringe	NDC 0404-9845-50 1 Ansyrtm II Plastic Syringe per bag (Syringe bears NDC 0409- 7517-66)	25 g/50 mL (0.5mg/mL)

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Abboject® is a trademark of the Abbott group of companies.


LifeShield® is the trademark of ICU Medical, Inc. and is used under license.

Distributed by Hospira, Inc., Lake Forest, IL 60045 USA

LAB-1027-3.0

Revised: September 2019

**SAMPLE PACKAGE LABEL**

<b>50% DEXTROSE</b> <b>25g/50ml</b>	<b>INJECTION, USP</b> <b>Unit of Use Syringe</b>
<b>0.5 g/ml</b> <b>50 ml</b>	
<p><b>FOR INTRAVENOUS USE. MEDICATION AND FLUID PATH ARE STERILE AND NONPYROGENIC IF CAP IS IN PLACE AND PACKAGE IS INTACT. USE ASEPTIC TECHNIQUE. SINGLE-DOSE UNIT. DISCARD UNUSED PORTION.</b></p> <p>Keep out of children's reach.</p> <p>Store at 20 to 25C (68 to 77F). (See USP Controlled Room Temperature.)</p>	
<p><b>NDC:</b> </p> <p style="text-align: center;">0404-9845-50</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>MANUFACTURER INFORMATION</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Mfr: Hospira</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">ORIG MFG LOT: XX-XXX-XX</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NDC: 0409-7517-16</p>

**RX ONLY**

**ITEM# :2480895**  
**LOT# XXXXXXXXX**  
**EXP: mm-dd-yy**

SEE MANUFACTURER'S INSERT FOR COMPLETE PRODUCT AND PRESCRIBING INFORMATION

**LBL : XXXXXX**

**Packaged By**  
**Henry Schein, Inc.**  
**80 Summit View Lane**  
**Bastian, VA 24314**

<b>DEXTROSE</b>			
dextrose monohydrate injection, solution			
<b>Product Information</b>			
<b>Product Type</b>	HUMAN PRESCRIPTION DRUG	<b>Item Code (Source)</b>	NDC:0404-9845(NDC:0409-7517)
<b>Route of Administration</b>	INTRAVENOUS		
<b>Active Ingredient/Active Moiety</b>			
<b>Ingredient Name</b>		<b>Basis of Strength</b>	<b>Strength</b>

<b>Dextrose Monohydrate</b> (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - UNII:5SL0G7R0OK)	Dextrose Monohydrate	25 g in 50 mL
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### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0404-9845-50	1 in 1 BAG	01/10/2022	
1		50 mL in 1 SYRINGE; Type 2: Prefilled Drug Delivery Device/System (syringe, patch, etc.)		

### Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
NDA	NDA019445	01/10/2022	

### Labeler - Henry Schein, Inc. (012430880)

Revised: 5/2024

Henry Schein, Inc.