

Teach patient/family:

- To perform regular self-monitoring of blood glucose using blood-glucose meter
- About the symptoms of hypo/hyperglycemia; what to do about each; to carry emergency ID
- **To report severe joint pain immediately; may have a late onset**
- That product must be continued on daily basis; about consequences of discontinuing product abruptly; to continue health regimen (diet, exercise)
- To avoid OTC medications, alcohol, digoxin, exenatide, insulins, nateglinide, repaglinide, and other products that lower blood glucose unless approved by prescriber
- That diabetes is a lifelong illness; that product is not a cure, only controls symptoms
- That all food included in diet plan must be eaten to prevent hypo/hyperglycemia
- **To immediately notify prescriber of hypersensitivity reactions (rash, swelling of face, trouble breathing)**
- To notify prescriber if pregnancy is planned, suspected

sodium bicarbonate (Rx, OTC)

Baking soda Bell-Ams, Neut,
Soda mint 

Func. class.: Alkalinizer

Chem. class.: NaHCO₃

ACTION: Orally neutralizes gastric acid, which forms water, NaCl, CO₂; increases plasma bicarbonate, which buffers H⁺ ion concentration; reverses acidosis IV

USES: Acidosis (metabolic), cardiac arrest, alkalization (systemic/urinary), antacid, salicylate poisoning

Unlabeled uses: Contrast media nephrotoxicity prevention

CONTRAINDICATIONS: Metabolic/respiratory alkalosis, hypochloremia, hypocalcemia

Precautions: Pregnancy, children, HF, cirrhosis, toxemia, renal disease, hypertension, hypokalemia, breastfeeding, hyponatremia, Bartter's syndrome, Cushing syndrome, hyperaldosteronism

DOSAGE AND ROUTES

Acidosis, metabolic (not associated with cardiac arrest)

- **Adult/child: IV INFUSION** 2-5 mEq/kg over 4-8 hr depending on CO₂, pH, ABGs

Cardiac arrest

- **Adult/child: IV BOL** 1 mEq/kg of 7.5% or 8.4% sol, then 0.5 mEq/kg q10min, then doses based on ABGs

- **Infant: IV** 1 mEq/kg over several min (use only the 0.5 mEq/mL [4.2%] sol for inj)

Alkalinization of urine

- **Adult: PO** 325 mg to 2 g qid or 48 mEq (4 g), then 12-24 mEq q4hr

- **Child: PO** 84-840 mg/kg/day (1-10 mEq/kg) in divided doses q4-6hr

Antacid

- **Adult: PO** 300 mg to 2 g chewed, taken with water daily-qid

Available forms: Tabs 300, 325, 600, 650 mg; inj 4.2%, 5%, 7.5%, 8.4%

Administer:

PO route

- Chew antacid tablets and drink 8 oz water

- Do not take antacid with milk because milk-alkali syndrome may result

Direct IV route

- Use for cardiac emergencies, not used often in cardiac arrest

- Use ampules or prefilled syringes only; give by rapid bolus dose; flush with NS before, after use

Continuous IV INFUSION route

- Diluted in an equal amount of compatible sol given 2-5 mEq/kg over 4-8 hr, max 50 mEq/hr; slower rate in children

- Extravasation with IV administration (tissue sloughing, ulceration, necrosis)

Y-site compatibilities: Acyclovir, amifostine, asparaginase, aztreonam, bivalirudin, bumetanide, ceFAZolin, cefepime, ceTAZidime, ceftizoxime, ceTRIAXone, chloramphenicol, cimetidine, cladribine,

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