Folic Acid
500microgram tablet

Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.
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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.
If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.
This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:
• The use of interpreter services where necessary,
• Advising consumers of their choice and ensuring informed consent is obtained,
• Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
• Documenting all care in accordance with mandatory and local requirements

Synonyms
Folate

Dose and Indications

Folate supplementation in neonates born < 34 weeks gestation OR < 2000g not receiving fortified breast milk or preterm formula.

Oral
50microgram daily
To be commenced when tolerating enteral feeds of 150mL/kg daily.
Continue until term corrected age OR until discharge if this is earlier.

Haemolytic anaemia

Oral
250microgram/kg daily
Folic Acid
500microgram tablet

Preparation and Administration

Oral
For doses less than 500micrograms
Disperse one tablet (500micrograms) in 2.5mL of sterile water. The resulting solution contains 200microgram/mL folic acid.

<table>
<thead>
<tr>
<th>Dose</th>
<th>50microgram</th>
<th>250microgram</th>
<th>300microgram</th>
<th>400microgram</th>
<th>500microgram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>0.25mL</td>
<td>1.25mL</td>
<td>1.5mL</td>
<td>2mL</td>
<td>2.5mL</td>
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</tbody>
</table>

Prepare a fresh solution for each dose.

For doses above 500micrograms
Disperse two tablets (1000micrograms) in 5mL of sterile water. The resulting solution contains 200microgram/mL folic acid.

<table>
<thead>
<tr>
<th>Dose</th>
<th>600microgram</th>
<th>700microgram</th>
<th>800microgram</th>
<th>900microgram</th>
<th>1000microgram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>3mL</td>
<td>3.5mL</td>
<td>4mL</td>
<td>4.5mL</td>
<td>5mL</td>
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</table>

Prepare a fresh solution for each dose.

Adverse Effects

Rare
Rash, bronchospasm, fever, nausea, diarrhoea

Practice Points

> Do not give alone for vitamin B12 deficiency states.
> Caution in patients with suspected but undiagnosed anaemia, since folic acid may obscure the diagnosis of pernicious, aplastic or normocytic anaemia by alleviating haematologic manifestations while allowing neurologic complications to progress.
> Folic acid may decrease phenytoin serum levels, possibly via some alteration of metabolism, decreasing seizure control. Monitor serum phenytoin levels and observe the patient for sub therapeutic or toxic affects if folic acid is added to or discontinued from the treatment regimen.
**Document Ownership & History**

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  - If so, which policy (title)?

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<th>Who approved New/Revised Version</th>
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<td>9/03/2018</td>
<td>V1.1</td>
<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Review date extended to 5 years following risk assessment. New Template.</td>
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