Clinical Guideline
Vitamin E

Policy developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Approved SA Health Safety & Quality Strategic Governance Committee on: 11 August 2017
Next review due: 31 August 2020

Summary
The purpose of this guideline is to guide nursing, midwifery, medical and pharmacy staff in the dosing and administration of vitamin E for vitamin E deficiency, oxidative haemolysis in preterm infants or chronic cholestasis

Keywords
Vitamin e, neonatal medication guideline, dl-alpha-tocopherol acetate, dl-alpha-tocopherol, haemolysis, cholestasis

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y v1.0
Does this policy replace an existing policy? N
If so, which policies? Vitamin E 115mg/mL oral mixture Neonatal Medication Guideline

Applies to
All Health Networks
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS

Staff impact
All Clinical, Medical, Midwifery, Nursing, Students, Allied Health, Emergency, Mental Health, Pathology, Pharmacy

PDS reference
CG0265

Version control and change history

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South Australian Neonatal Medication Guidelines

Vitamin E
104.7mg/mL oral mixture
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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

dl-alpha-tocopherol acetate
dl-alpha-tocopherol

Note
Vitamin E liquid (Micel E Pretorius®) contain 104.7mg/mL of dl-alpha-tocopherol acetate (equivalent to 156units of dl-alpha-tocopherol acetate).

Dose and Indications

For prevention of vitamin E deficiency in preterm infants < 2000g at birth or < 34 weeks gestation

Oral
10.5mg (0.1mL) ONCE daily
To be commenced when tolerating enteral feeds of 150mL/kg daily.
Continue until term corrected age OR until discharge if this is earlier.

For treatment of oxidative haemolysis in preterm neonates

Oral
21mg (0.2mL) ONCE daily
Chronic Cholestasis

Oral

42mg (0.4mL) ONCE daily

To be commenced when tolerating enteral feeds of 150mL/kg daily.

Continue until conjugated bilirubin normalises

Preparation and Administration

Oral

Oral mixture contains 104.7mg/mL

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Give with feeds to reduce gastrointestinal irritation

Adverse Effects

Feeding intolerance may occur due to hyperosmolarity of preparation.

Monitoring

> Assess feeding tolerance

Practice Points

> Can dilute with sterile water or formula to reduce the osmolarity.
> Do not administer with iron as iron absorption may be reduced, doses need to be separated by at least 2 hours.
> 1mg dl-alpha-tocopherol acetate = 1.5 international units of vitamin E.

Version control and change history

**PDS reference:** OCE use only

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