South Australian Neonatal Medication Guidelines

Vitamin E

104.7mg/mL oral mixture

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

d-alpha-tocopherol acetate

d-alpha-tocopherol

Note

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

Dose and Indications

For prevention of Vitamin E deficiency in preterm infants < 2000g at birth or < 34 weeks gestation where nutritional intake is inadequate (e.g., in preterm neonates receiving unfortified breast milk or term/modified term formula)

Oral

10.5 mg (0.1 mL) ONCE daily

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

Continue until term corrected age OR until discharge if this is earlier.

For vitamin E amounts present in formula and human milk fortifiers please refer to the 'Nutritional delivery comparison tables: Preterm Infants' Neonatal Medication Guideline available at www.sahealth.sa.gov.au/neonatal.

For treatment of oxidative haemolysis in preterm neonates

Oral

21 mg (0.2 mL) ONCE daily

Chronic Cholestasis

Oral

42 mg (0.4 mL) ONCE daily

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

Continue until conjugated bilirubin normalises

Preparation and Administration

Oral

Oral mixture contains 104.7 mg/mL

Dose	10.5 mg	21 mg	42 mg
Volume	0.1 mL	0.2 mL	0.4 mL

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
- 1 mg d-alpha-tocopherol acetate = 1.5 international units of vitamin E

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7/2013	V1	SA Maternal & Neonatal Clinical Network	Original SA Maternal & Neonatal Clinical Network approved version.