


CLINIMIX
sulfite-free (Amino Acid in Dextrose) Injections


CLINIMIX E
sulfite-free (Amino Acid with Electrolytes in
Dextrose with Calcium) Injections

Nourish the Outcome

Parenteral Nutrition Guidelines for Pediatric Patients



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CLINIMIX and CLINIMIX E Injections offer:

- Multi-chamber bag (MCB) technology that may reduce the risk of medication errors and contamination during preparation.
- An appropriate source of amino acids and dextrose for pediatric patients.
- Key component of goal-directed nutrition therapy.

Indications and Usage

CLINIMIX sulfite-free (Amino Acid in Dextrose) and CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections are indicated as a caloric component in a parenteral nutrition regimen and as the protein (nitrogen) source for offsetting nitrogen loss or for the treatment of negative nitrogen balance in patients where:

- The alimentary tract cannot or should not be used,
- Gastrointestinal absorption of protein is impaired, or
- Metabolic requirements for protein are substantially increased, as with extensive burns.

Please see enclosed package inserts for complete prescribing information. See back cover for important risk information.

CLINIMIX and CLINIMIX E Injections with Pediatric Patients

Pediatric Use

- Use of CLINIMIX and CLINIMIX E sulfite-free Injections in pediatric patients is governed by the same considerations that affect the use of any amino acid solution in pediatrics.
- The amount administered is dosed on the basis of grams of amino acids/kg of body weight/day.
- Solution administration by peripheral vein should not exceed twice normal serum osmolarity (718 mOsm/L).

Pediatric Precautions

- Dextrose is safe and effective for the stated indications in pediatric patients.
 - As reported in the literature, the dosage selection and constant infusion rate of intravenous dextrose must be selected with caution in pediatric patients, particularly neonates and low birth weight infants, because of increased risk of hyperglycemia/hypoglycemia.
 - Frequent monitoring of serum glucose concentrations is required in these patient populations.
- Safety and effectiveness of CLINIMIX and CLINIMIX E Injections in pediatric patients have not been established by adequate and well-controlled studies.
 - However, use of amino acid injections in pediatric patients to help offset nitrogen loss or treat negative nitrogen balance is referenced in the medical literature.

It is essential that a carefully prepared protocol based on current medical practices be followed, preferably by an experienced team. Frequent clinical evaluation and laboratory determinations are necessary for proper monitoring during administration.

American Academy of Pediatrics (AAP)

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents and young adults. The AAP has approximately 60,000 members in the United States, Canada, Mexico, and many other countries. Members include pediatricians, pediatric medical subspecialists and pediatric surgical specialists. More than 34,000 members are board-certified and called Fellows of the American Academy of Pediatrics (FAAP).¹

American Society of Parenteral and Enteral Nutrition (A.S.P.E.N.)

Founded in 1975, the American Society of Parenteral and Enteral Nutrition (A.S.P.E.N.), has become one of the most well respected and highly recognized organizations with a mission of improving patient care by advancing the science and practice of nutrition support therapy. With over 5,500 members, A.S.P.E.N. envisions an environment in which every patient receives safe, efficacious, and high quality patient care.²


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AAP and A.S.P.E.N. Pediatric Parenteral Nutrition Guidelines

The guidelines listed in this brochure assumes normal age-related organ function, are not all inclusive and are provided for reference only. Clinical judgement based on current medical practices must be used in each individual patient when prescribing total parenteral nutrition.

Protein Goals

Provision of dietary protein sufficient to optimize protein synthesis, facilitate wound healing and the inflammatory response, and preserve skeletal muscle protein mass is the most important nutrition intervention in critically ill children.³ Children under one year of age have special amino acid requirements, and therefore need a formulation customized to meet their needs. In patients older than one year, adult formulas can be used.⁴

Provision of approximately 12% to 16% of calories as protein minimizes negative nitrogen balance.⁴

AAP		A.S.P.E.N.	
Weight	Daily Recommendation ⁵	Weight / Age	Daily Recommendation ⁴
10-20 kg	1-2.5 g/kg	>10 kg or 1-10 yrs	1-2 g/kg
>20 kg	0.8-2 g/kg	11-17 yrs	0.8-1.5 g/kg

CLINIMIX and CLINIMIX E Injections are a protein source for the treatment of negative nitrogen balance.

1. American Academy of Pediatrics. AAP Fact Sheet. <http://www.aap.org/visit/fax.htm> Accessed October 13.
2. ASPEN. About A.S.P.E.N. <http://www.nutritioncare.org/Index.aspx?id=102>. Copyright 2006. Accessed September 24, 2009.
3. Mehta NM, Compher C, A.S.P.E.N. Board of Directors. A.S.P.E.N. Clinical Guidelines: Nutrition Support of the Critically Ill Child. *JPEN*. 2009; 33:260-276.
4. Forchielli ML, Miller SJ. *The A.S.P.E.N. Nutrition Support Practice Manual*. 2005:38-53.
5. Kleinman RE. *Pediatric Nutrition Handbook 6th Edition*. 2009:519-540.

Energy Needs

Pediatric patients need energy for maintenance, activity, and growth. Each component is subject to age variability. Correction factors for activity, fluid losses and the energy allotment for growth must be reviewed.³

To maximize protein utilization and avoid gluconeogenesis, appropriate calorie distribution and intake are essential. A nonprotein calorie-to-nitrogen ratio of 150:1 to 300:1 is most likely to achieve positive nitrogen balance.⁴

AAP		A.S.P.E.N.	
Weight	Daily Recommendation ⁵	Age	Daily Recommendation ⁴
10-20 kg	60-90 kcal/kg	>1-7 yrs	75-90 kcal/kg
>20 kg	30-75 kcal/kg	>7-12 yrs	50-75 kcal/kg
		>12-18 yrs	30-50 kcal/kg

CLINIMIX and CLINIMIX E Injections used with IV fat emulsions can meet energy goals.


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Fluid Requirements

Body homeostasis is maintained by fluids, which are the bulk of body weight in children (60%–70%). To maintain water and electrolyte homeostasis and to allow metabolic processes, a certain amount of fluid has to be introduced daily regardless of health conditions.⁴

AAP		A.S.P.E.N.	
Weight	Daily Recommendation ⁵	Weight	Daily Recommendation ⁴
10-20 kg	1000 mL + 50 mL/kg >10 kg	>10-20kg	1000 mL + 50 mL/kg >10 kg
>20 kg	1500 mL + 20 mL/kg >20 kg	>20 kg	1500 mL + 20 mL/kg >20 kg

CLINIMIX and CLINIMIX E Injections offer the ability to contribute to the child's fluid goals.

3. Mehta NM, Compher C, A.S.P.E.N. Board of Directors. A.S.P.E.N. Clinical Guidelines: Nutrition Support of the Critically Ill Child. *JPEN*. 2009; 33:260–276.

4. Forchielli ML, Miller SJ. *The A.S.P.E.N. Nutrition Support Practice Manual*. 2005:38–53.

5. Kleinman RE. *Pediatric Nutrition Handbook 6th Edition*. 2009:519–540.

Carbohydrates

Carbohydrates are needed to help prevent lipolysis, limited ketone accumulation, and transient protein breakdown. Fifty to 100 g per day of carbohydrates usually prevents or minimizes these effects.⁴

Dextrose is a source of nonprotein calories and a major source of energy.

AAP		A.S.P.E.N.
Weight	Dextrose Daily Recommendation ⁵	Carbohydrates should comprise 40% to 60% of the total caloric intake. ⁴
10-20 kg	8-28 g/kg	
>20 kg	5-20 g/kg	

CLINIMIX and CLINIMIX E Injections dextrose concentrations range from 5%–25%.


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IV Fat Emulsion (IVFE):

Fatty acids are a prime source of energy in metabolically stressed children. IVFE in critically ill children reduces the risk of essential fatty acid deficiency, results in improved protein use, and does not significantly increase CO₂ production or metabolic rate.⁴

AAP		A.S.P.E.N.
Weight	Daily Recommendation ⁶	The minimum fat requirement is determined by essential fatty acid need, and the daily maximum is 50% to 60% of energy. ⁴
>10 kg	1-3 g/kg	

CLINIMIX and CLINIMIX E Injections are an appropriate source of amino acids and dextrose that offers the flexibility to add IV fat emulsion when needed.

4. Forchielli ML, Miller SJ. *The A.S.P.E.N. Nutrition Support Practice Manual*. 2005:38-53.

5. Kleinman RE. *Pediatric Nutrition Handbook 6th Edition*. 2009:519-540.

Electrolytes

In general it is inappropriate to utilize PN to manage short-term fluid and electrolyte shifts.⁶

- A separate intravenous solution with electrolyte supplements should be used as needed.

AAP			
Daily Electrolyte Requirements* ⁵	Infants & Toddlers	Children	Adolescents
Sodium	2-4 mEq/kg	2-4 mEq/kg	60-150 mEq
Potassium	2-4 mEq/kg	2-4 mEq/kg	70-180 mEq
Calcium	0.45-4 mEq/kg	0.45-3.15 mEq/kg	10-40 mEq
Phosphorus	0.5-2 mmol/kg	0.5-2 mmol/kg	9-30 mmol
Magnesium	0.25-1 mEq/kg	0.25-1 mEq/kg	8-32 mEq
Chloride	2-4 mEq/kg	2-4 mEq/kg	60-150 mEq
A.S.P.E.N.			
Daily Electrolyte Requirements* ⁶	Infants / Children	Adolescents & Children >50 kg	
Sodium	2-5 mEq/kg	1-2 mEq/kg	
Potassium	2-4 mEq/kg	1-2 mEq/kg	
Calcium	0.5-4 mEq/kg	10-20 mEq	
Phosphorus	0.5-2 mmol/kg	10-40 mmol	
Magnesium	0.3-0.5 mEq/kg	10-30 mEq	
Chloride / Acetate – As needed to maintain acid-base balance			

*Assumes normal age-related organ functions

CLINIMIX E Injections offers a baseline electrolyte profile.

5. Kleinman RE. *Pediatric Nutrition Handbook 6th Edition*. 2009:519-540.

6. Sacks GS, Mayhew S, Johnson D. Parenteral Nutrition Implementation and Management. *The A.S.P.E.N. Nutrition Support Practice Manual*. 2005: 108 - 117.

Please see enclosed package inserts for complete prescribing information. See back cover for important risk information.

Adam is a 3 year-old boy with short-term parenteral nutrition needs.
(Hypothetical patient)



Adam's Needs: Weight = 15 kg	Adam's Daily Goals
Protein	2.5 g/kg
Energy	75 kcal/kg
Fluid	1250 mL/day
20% IV Fat Emulsion	3 g/kg

		Rate mL/hr	31.3	
CLINIMIX 5/20 Injection*	Amino Acid	g/day	37.5	
		g/kg/day (goal 1-2.5 g/kg)	2.5	
		protein kcal/day	150	
		% kcal from protein	13.5%	
	Dextrose	g/day	150	
		g/kg/day (goal 8-28 g/kg)	10	
		dextrose kcal/day	510	
		% kcal from dextrose	46%	
	Total CLINIMIX Volume		751	
	Baseline CLINIMIX Osmolarity mOsmol/L		1505	
20% IV Fat Emulsion	g/day	45		
	g/kg/day (goal 1-3 g/kg)	3		
	IVFE mL/day	225		
	IVFE kcal/day	450		
% kcal from IVFE		40.5%		
TPN	Non-protein calorie-to-nitrogen ratio	154:1		
	Total Volume/day	976		
	Total kcal/day	1110		
	Total kcal/kg/day	74		
	Total kcal/mL/day	1.13		
	Variance from kcal goal	-15		
	Variance from fluid goal	-274		

Conclusion:
CLINIMIX 5/20 Injections can be used to help achieve Adam's nutritional goals.

*Maintenance vitamins, additional electrolytes, and trace elements are not included and should be administered as required.

Important Risk Information

- CLINIMIX and CLINIMIX E Injections are contraindicated in patients having intracranial or intraspinal hemorrhage, in patients who are severely dehydrated, in patients hypersensitive to one or more amino acids and in patients with severe liver disease or hepatic coma. Solutions containing corn-derived dextrose may be contraindicated in patients with known allergy to corn or corn products.
- Because of the potential for life-threatening events, caution should be taken to ensure that precipitates have not formed in any parenteral nutrient admixture.
- Use with caution when administering to patients with anuria or renal insufficiency, pulmonary insufficiency, or heart disease. The intravenous administration of these solutions can cause fluid and/or solute overloading resulting in dilution of serum electrolyte concentrations, overhydration, congested states, or pulmonary edema.
- Metabolic complications have been reported, such as acid-base, electrolyte, and blood glucose imbalances, elevated liver enzymes, and osmotic diuresis and dehydration.
- Other adverse reactions that may occur include febrile response, infection at the site of injection, extravasation, and hypervolemia. The infusion of hypertonic nutrient injections into a peripheral vein may result in vein irritation, vein damage, and thrombosis.
- This product contains aluminum that may be toxic with prolonged parenteral administration if kidney function is impaired.
- CLINIMIX and CLINIMIX E Injections **must be** admixed prior to infusion.

Learn how CLINIMIX Injections can nourish your patients:
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MEDICATION DELIVERY

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Baxter Healthcare Corporation, Route 120 and Wilson Road, Round Lake, IL 60073 www.baxter.com
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CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections

in CLARITY Dual Chamber Container

Description

CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections are sterile, nonpyrogenic, hypertonic solutions in a CLARITY Dual Chamber Container.

The sulfite-free Amino Acid Injections in the outlet port chamber are solutions of essential and nonessential amino acids.

The Dextrose Injections, USP in the injection port chamber are solutions for fluid replenishment and caloric supply.

After opening the seal between the chambers and mixing thoroughly, the admixed product is intended for intravenous use. See Table 1 for composition, pH, osmolality, ionic concentration and caloric content of the admixed product.

The CLARITY Dual Chamber Container is a lipid-compatible plastic container (PL 2401 Plastic). The amount of water that can permeate from inside the container into the overwrap is insufficient to affect the solution significantly. 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 plastic container materials.

Clinical Pharmacology

CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections administered intravenously provide biologically utilizable source material for protein synthesis and have value as a source of calories and water.

Indications and Usage

CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections are indicated as a caloric component in a parenteral nutrition regimen and as the protein (nitrogen) source for offsetting nitrogen loss or for treatment of negative nitrogen balance in patients where: (1) the alimentary tract cannot or should not be used, (2) gastrointestinal absorption of protein is impaired, or (3) metabolic requirements for protein are substantially increased, as with extensive burns.

Central Vein Administration: Central vein infusion should be used when amino acid solutions are admixed with hypertonic dextrose to promote protein synthesis such as for hypercatabolic or depleted patients or those requiring long term parenteral nutrition.

Peripheral Vein Administration: For patients in whom the central vein route is not indicated, amino acid solutions diluted with low dextrose concentrations may be infused by peripheral vein.

Contraindications

CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections are contraindicated in patients having intracranial or intraspinal hemorrhage, in patients who are severely dehydrated, in patients hypersensitive to one or more amino acids, and in patients with severe liver disease or hepatic coma.

Solutions containing corn-derived dextrose may be contraindicated in patients with known allergy to corn or corn products.

Warnings

Additives may be incompatible including fat emulsions. Consult with pharmacist, if available. When introducing additives, use aseptic techniques. Mix thoroughly.

Because of the potential for life-threatening events, caution should be taken to ensure that precipitates have not formed in any parenteral nutrient admixture.

These CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections, **must be** admixed prior to infusion. For admixing instructions see **Directions for Use of Plastic Container**.

The infusion of hypertonic nutrient injections into a peripheral vein may result in vein irritation, vein damage, and thrombosis. After mixing, strongly hypertonic nutrient injections should only be administered through an indwelling intravenous catheter with the tip located in a large central vein, such as the superior vena cava.

Proper administration of these admixed amino acid/dextrose injections requires a knowledge of fluid and electrolyte balance and nutrition as well as clinical expertise in recognition and treatment of the complications which may occur.

Laboratory Tests

Frequent clinical evaluation and laboratory determinations are necessary for proper monitoring during administration. Studies should include blood sugar, serum proteins, kidney and liver function tests, electrolytes, complete blood count with differential, carbon dioxide combining power or content, serum osmolarities, blood cultures, and blood ammonia levels.

Administration of amino acid solutions to a patient with hepatic insufficiency may result in serum amino acid imbalances, hyperammonemia, stupor, and coma.

Pediatric Use: Use of CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections in pediatric patients is governed by the same considerations that affect the use of any amino acid solution in pediatrics. The amount administered is dosed on the basis of grams of amino acids/kg of body weight/day. Two to 3 g/kg of body weight for infants with adequate calories are generally sufficient to satisfy protein needs and promote positive nitrogen balance. Solution administrations by peripheral vein should not exceed twice normal serum osmolality (718 mOsmol/L).

Central Vein Administration: Hypertonic mixtures of amino acid/dextrose injections may be administered safely by continuous infusion through a central vein catheter with the tip located in the vena cava. In addition to meeting nitrogen needs, the administration rate is governed, especially during the first few days of therapy, by the patient's tolerance to dextrose, as indicated by frequent determinations of urine and blood sugar levels. Daily intake of amino acids in dextrose should be increased gradually to the maximum required dose.

Sudden cessation in administration of these admixed injections may result in insulin reaction due to continued endogenous insulin production. Parenteral nutrition mixtures should be withdrawn slowly.

Peripheral Vein Administration: For patients requiring parenteral nutrition in whom the central vein route is not indicated, low concentration amino acid/dextrose injections may be administered by peripheral vein. In pediatric patients, the final solution should not exceed twice normal serum osmolality (718 mOsmol/L).

Directions for Use of Plastic Container

WARNING: Do not use plastic containers in series connections. Such use could result in air embolism due to residual air being drawn from the primary container before administration of the fluid from the secondary container is completed.

BE SURE THE CONTENTS OF BOTH CHAMBERS ARE MIXED TOGETHER AFTER OPENING SEAL BETWEEN CHAMBERS. After opening seal between chambers, lipids and/or additives can be introduced to the container. Thorough mixing ensures complete delivery of all ingredients.

To Open

Tear overwrap across top at slit and remove solution container. Some opacity of the plastic due to moisture absorption during the sterilization process may be observed. This is normal and does not affect the solution quality or safety. The opacity will diminish gradually.

Check to ensure seal between chambers is intact, *i.e.*, solutions are contained in separate chambers. Check for minute leaks by separately squeezing each chamber. If external leaks or leakage between the chambers are found, discard solution as sterility or stability may be impaired.

To Mix Solutions

Grasp the container firmly on each side of the top of the bag and roll bag to open seal between chambers as shown in Figure 1. Mix solutions thoroughly as shown in Figure 2. Check for leaks.

Storage: If removed from the overwrap and the contents are not mixed, CLINIMIX Injection solutions may be stored under refrigeration for up to 9 days.

Upon mixing of bag contents, CLINIMIX Injection solutions remain stable when stored under refrigeration, not to exceed 9 days from when the product was originally removed from the overwrap.

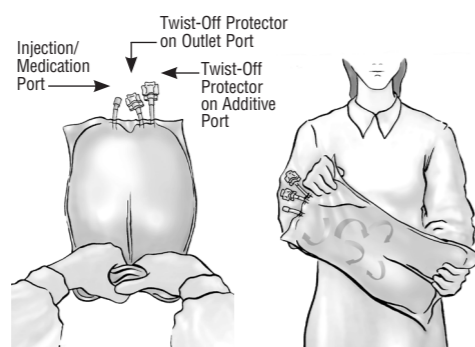


Figure 1

Figure 2

CLINIMIX Injection solutions containing additives should be used promptly after admixture. Any storage should be under refrigeration and limited to a brief period of time, less than 24 hours.

To add Fat Emulsion for 3-in-1 admixture:

See **Warnings** section regarding incompatible additives including fat emulsions.

1. Prior to adding fat emulsion, mix amino acid and dextrose injection as shown in Figure 2.
2. Prepare fat emulsion transfer set following instructions provided.
3. Attach transfer set to fat emulsion bottle, using aseptic technique.
4. Twist off protector on the additive port of the CLARITY container.
5. Attach the transfer set to the exposed additive port.
6. Open clamp on transfer set.
7. After completing transfer, use appropriate plastic clamp or metal ferrule to seal off additive port tube.
8. Remove transfer set.
9. Mix contents of CLARITY container thoroughly. Check for leaks.

Storage: Storage of the 3-in-1 admixture must be under refrigeration and limited to a brief period of time, no longer than 24 hours. See **Warnings** section regarding incompatible additives.

To Add Medication

WARNING: Additives may be incompatible.

Supplemental medication may be added with a 19 to 22 gauge needle through the medication port.

1. Prepare medication port.
2. Using syringe with 19 to 22 gauge needle, puncture resealable medication port and inject.
3. Mix solution and medication thoroughly. For high density medication, such as potassium chloride, squeeze ports while ports are upright and mix thoroughly.
4. Check for leaks.

Preparation for Administration

1. Suspend container from eyelet support.
2. Twist off protector from outlet port at bottom of container.
3. Attach administration set. Refer to complete directions accompanying set.

How Supplied

See Table 1.

Exposure of pharmaceutical products to heat should be minimized. Avoid excessive heat. Protect from freezing. It is recommended that the product be stored at room temperature (25°C/77°F): brief exposure up to 40°C/104°F does not adversely affect the product.

Refrigerated storage is limited to 9 days once overwrap has been opened.

Do not use if overwrap has been previously opened or damaged.

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Metabolic: The following metabolic complications have been reported: metabolic acidosis, hypophosphatemia, alkalosis, hyperglycemia and glycosuria, osmotic diuresis and dehydration, rebound hypoglycemia, elevated liver enzymes, hypo- and hypervitaminosis, electrolyte imbalances, and hyperammonemia. Frequent clinical evaluation and laboratory determinations are necessary, especially during the first few days of therapy to prevent or minimize these complications.

Caution must be exercised in the administration of these admixed amino acid/dextrose injections to patients receiving corticosteroids or corticotropin.

These admixed injections should be used with caution in patients with overt or known subclinical diabetes mellitus.

Drug product contains no more than 25 mcg/L of aluminum.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Studies with CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections have not been performed to evaluate carcinogenic potential, mutagenic potential, or effects on fertility.

Pregnancy: Teratogenic Effects

Pregnancy Category C. Animal reproduction studies have not been conducted with CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections. It is also not known whether CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections should be given to a pregnant woman only if clearly needed.

Nursing Mothers: Caution should be exercised when CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections are administered to a nursing woman.

Pediatric Use: Dextrose is safe and effective for the stated indications in pediatric patients (see **Indications and Usage**). As reported in the literature, the dosage selection and constant infusion rate of intravenous dextrose must be selected with caution in pediatric patients, particularly neonates and low birth weight infants, because of the increased risk of hyperglycemia/hypoglycemia. Frequent monitoring of serum glucose concentrations is required when dextrose is prescribed to pediatric patients, particularly neonates and low birth weight infants.

Safety and effectiveness of CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections in pediatric patients have not been established by adequate and well-controlled studies. However, the use of amino acid injections in pediatric patients as an adjunct in the offsetting of nitrogen loss or in the treatment of negative nitrogen balance is referenced in the medical literature. See **Dosage and Administration**.

Geriatric Use: Clinical studies of CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from other younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients.

In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or drug therapy.

Adverse Reactions

See **Warnings and Precautions**

Too rapid infusion of these CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections may result in diuresis, hyperglycemia, glycosuria, and hyperosmolar coma. Continual clinical monitoring of the patient is necessary in order to identify and initiate measures for these clinical conditions.

Reactions that 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. Policies and procedures should be established for the recognition and management of such reactions.

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.

Dosage and Administration

If a patient is unable to take oral nourishment for a prolonged period of time, institution of total parenteral nutrition should be considered.

The total daily dose of CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections depends on the patient's metabolic requirement and clinical response. The determination of nitrogen balance and accurate daily body weights, corrected for fluid balance, are probably the best means of assessing individual nitrogen requirements.

Recommended Dietary Allowances* of protein range from approximately 0.75 g/kg of body weight for adults to 1.68 g/kg for infants up to three months of age. It must be recognized, however, that protein as well as caloric requirements in traumatized or malnourished patients may be increased substantially. Daily amino acid doses of approximately 1.0 to 1.5 g/kg of body weight for adults with adequate calories are generally sufficient to satisfy protein needs and promote positive nitrogen balance.

For the initial treatment of trauma or protein calorie malnutrition, higher doses of protein with corresponding quantities of carbohydrate will be necessary to promote adequate patient response to therapy. The severity of the illness being treated is the primary consideration in determining proper dose level. Such higher doses, especially in infants, must be accompanied by more frequent laboratory evaluation.

Care should be exercised to insure the maintenance of proper levels of serum potassium. Quantities of 60 to 180 mEq of potassium per day have been used with adequate clinical effect. It may be necessary to add quantities of this electrolyte to these admixed injections, depending primarily on the amount of carbohydrate administered to and metabolized by the patient.

Patients receiving CLINIMIX sulfite-free (Amino Acid in Dextrose) Injections without electrolytes should be monitored frequently and their electrolyte requirements individualized.

Total daily fluid requirements can be met beyond the volume of amino acids solution by supplementing with noncarbohydrate or carbohydrate-containing electrolyte solutions.

Maintenance vitamins, additional electrolytes, and trace elements should be administered as required.

Table 1

How Supplied			Composition																	Caloric Content (kcal/L)							
After mixing, the product represents	1000 mL Code and NDC Number	2000 mL Code and NDC Number	Dextrose Hydrous, USP ¹ (g/100 mL)	Amino Acids (g/100 mL)	Total Nitrogen (mg/100 mL)	Essential Amino Acids (mg/100 mL)										Nonessential Amino Acids (mg/100 mL)					Anion Profile (mEq/L) ²		pH ⁵ (range)	Osmolarity (mOsmol/L) (calc)	From Dextrose	From Amino Acids	TOTAL (Dextrose and Amino Acids)
						Leucine - (CH ₃) ₂ CHCH ₂ CH (NH ₂) COOH	Isoleucine - CH ₃ CH ₂ CH (CH ₃) CH (NH ₂) COOH	Valine - (CH ₃) ₂ CHCH (NH ₂) COOH	Lysine (added as the hydrochloride salt) - H ₂ N (CH ₂) ₄ CH (NH ₂) COOH	Phenylalanine - (C ₆ H ₅) CH ₂ CH (NH ₂) COOH	Histidine - (C ₃ H ₃ N ₂) CH ₂ CH (NH ₂) COOH	Threonine - CH ₃ CH (OH) CH (NH ₂) COOH	Methionine - CH ₃ S (CH ₂) ₂ CH (NH ₂) COOH	Tryptophan - (C ₈ H ₆ N) CH ₂ CH (NH ₂) COOH	Alanine - CH ₃ CH (NH ₂) COOH	Arginine - H ₂ NC (NH) NH (CH ₂) ₃ CH (NH ₂) COOH	Glycine - H ₂ NCH ₂ COOH	Proline - [(CH ₂) ₃ NH CH] COOH	Serine - HOCH ₂ CH (NH ₂) COOH	Tyrosine - [C ₆ H ₄ (OH)] CH ₂ CH (NH ₂) COOH	Acetate ³	Chloride ⁴					
CLINIMIX 2.75/5 sulfite-free (2.75% Amino Acid in 5% Dextrose) Injection	Code 2B7725 NDC 0338-1132-03	Code 2B7701 NDC 0338-1083-04	5	2.75	454	201	165	160	159	154	132	116	110	50	570	316	283	187	138	11	24	11	6.0 (4.5 to 7.0)	525	170	110	280
CLINIMIX 4.25/5 sulfite-free (4.25% Amino Acid in 5% Dextrose) Injection	Code 2B7726 NDC 0338-1133-03	Code 2B7704 NDC 0338-1089-04	5	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	37	17	6.0 (4.5 to 7.0)	675	170	170	340
CLINIMIX 4.25/10 sulfite-free (4.25% Amino Acid in 10% Dextrose) Injection	Code 2B7727 NDC 0338-1134-03	Code 2B7705 NDC 0338-1091-04	10	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	37	17	6.0 (4.5 to 7.0)	930	340	170	510
CLINIMIX 4.25/20 sulfite-free (4.25% Amino Acid in 20% Dextrose) Injection	Code 2B7728 NDC 0338-1135-03	Code 2B7706 NDC 0338-1093-04	20	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	37	17	6.0 (4.5 to 7.0)	1435	680	170	850
CLINIMIX 4.25/25 sulfite-free (4.25% Amino Acid in 25% Dextrose) Injection	Code 2B7729 NDC 0338-1136-03	Code 2B7707 NDC 0338-1095-04	25	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	37	17	6.0 (4.5 to 7.0)	1685	850	170	1020
CLINIMIX 5/15 sulfite-free (5% Amino Acid in 15% Dextrose) Injection	Code 2B7730 NDC 0338-1137-03	Code 2B7709 NDC 0338-1099-04	15	5	826	365	300	290	290	280	240	210	200	90	1035	575	515	340	250	20	42	20	6.0 (4.5 to 7.0)	1255	510	200	710
CLINIMIX 5/20 sulfite-free (5% Amino Acid in 20% Dextrose) Injection	Code 2B7731 NDC 0338-1138-03	Code 2B7710 NDC 0338-1101-04	20	5	826	365	300	290	290	280	240	210	200	90	1035	575	515	340	250	20	42	20	6.0 (4.5 to 7.0)	1505	680	200	880
CLINIMIX 5/25 sulfite-free (5% Amino Acid in 25% Dextrose) Injection	Code 2B7732 NDC 0338-1139-03	Code 2B7711 NDC 0338-1103-04	25	5	826	365	300	290	290	280	240	210	200	90	1035	575	515	340	250	20	42	20	6.0 (4.5 to 7.0)	1760	850	200	1050

In many patients, provision of adequate calories in the form of hypertonic dextrose may require the administration of exogenous insulin to prevent hyperglycemia and glycosuria.

Fat emulsion administration should be considered when prolonged (more than 5 days) parenteral nutrition is required in order to prevent essential fatty acid deficiency (EFAD). Serum lipids should be monitored for evidence of EFAD in patients maintained on fat-free TPN.

Intravenous fat emulsions provide approximately 1.1 kcal per mL (10%), 2.0 kcal per mL (20%), or 3.0 kcal per mL (30%) and may be admixed along with amino acid/dextrose injections in the CLARITY Container to supplement caloric intake.

Depending upon the clinical condition of the patient, approximately 3 liters of solution may be administered per 24 hour period. When used postoperatively, the therapy should begin with 1000 mL on the first postoperative day. Thereafter, the dose may be increased to 3000 mL per day.

Do not administer unless seal between chambers is opened, other seals are intact, and solution is clear and thoroughly mixed.

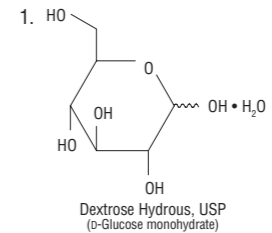
Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. Use of a final filter is recommended during administration of all parenteral solutions, where possible.

A slight yellow color does not alter the quality and efficacy of this product.

Additives may be incompatible. Complete information is not available. Those additives known to be incompatible should not be used. Consult with pharmacist, if available. If, in the informed judgment of the physician, it is deemed advisable to introduce additives, use aseptic technique. Mix thoroughly when additives have been introduced.

Do not store solutions containing additives. These amino acid with electrolytes/dextrose with calcium injections should be used promptly after mixing. Any storage with additives should be under refrigeration and limited to a brief period of time, less than 24 hours.

* Food and Nutrition Board National Academy of Sciences - National Research Council (Revised 1989).



- Balanced by ions from amino acids.
- Derived from glacial acetic acid (for pH adjustment).
- Contributed by the lysine hydrochloride.
- pH of sulfite-free Amino Acid Injection in the outlet port chamber was adjusted with glacial acetic acid.

Pediatric Use: Use of CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections in pediatric patients is governed by the same considerations that affect the use of any amino acid solution in pediatrics. The amount administered is dosed on the basis of grams of amino acids/kg of body weight/day. Two to 3 g/kg of body weight for infants with adequate calories are generally sufficient to satisfy protein needs and promote positive nitrogen balance. Solution administrations by peripheral vein should not exceed twice normal serum osmolality (718 mOsmol/L).

Central Vein Administration: Hypertonic mixtures of amino acid with electrolytes/dextrose with calcium injections may be administered safely by continuous infusion through a central vein catheter with the tip located in the vena cava. In addition to meeting nitrogen needs, the administration rate is governed, especially during the first few days of therapy, by the patient's tolerance to dextrose, as indicated by frequent determinations of urine and blood sugar levels. Daily intake of amino acid with electrolytes/dextrose with calcium injections should be increased gradually to the maximum required dose.

Sudden cessation in administration of these admixed injections may result in insulin reaction due to continued endogenous insulin production. Parenteral nutrition mixtures should be withdrawn slowly.

Peripheral Vein Administration: For patients requiring parenteral nutrition in whom the central vein route is not indicated, low concentration amino acid with electrolytes/dextrose with calcium injections may be administered by peripheral vein. In pediatric patients, the final solution should not exceed twice normal serum osmolality (718 mOsmol/L).

Directions for Use of Plastic Container

WARNING: Do not use plastic containers in series connections. Such use could result in air embolism due to residual air being drawn from the primary container before administration of the fluid from the secondary container is completed.

BE SURE THE CONTENTS OF BOTH CHAMBERS ARE MIXED TOGETHER AFTER OPENING SEAL BETWEEN CHAMBERS. After opening seal between chambers, lipids and/or additives can be introduced to the container. Thorough mixing ensures complete delivery of all ingredients.

To Open

Tear overwrap across top at slit and remove solution container. Some opacity of the plastic due to moisture absorption during the sterilization process may be observed. This is normal and does not affect the solution quality or safety. The opacity will diminish gradually.

Check to ensure seal between chambers is intact, *i.e.*, solutions are contained in separate chambers. Check for minute leaks by separately squeezing each chamber. If external leaks or leakage between the chambers are found, discard solution as sterility or stability may be impaired.

To Mix Solutions

Grasp the container firmly on each side of the top of the bag and roll bag to open seal between chambers as shown in Figure 1. Mix solutions thoroughly as shown in Figure 2. Check for leaks.

Storage: If removed from the overwrap and the contents are not mixed, CLINIMIX E Injection solutions may be stored under refrigeration for up to 9 days.

Upon mixing of bag contents, CLINIMIX E Injection solutions remain stable when stored under refrigeration, not to exceed 9 days from when the product was originally removed from the overwrap.

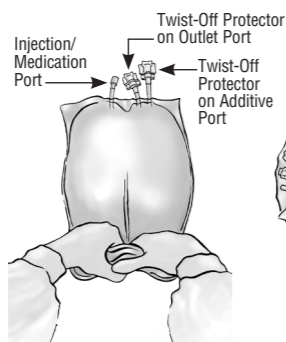


Figure 1



Figure 2

CLINIMIX E Injection solutions containing additives should be used promptly after admixture. Any storage should be under refrigeration and limited to a brief period of time, less than 24 hours.

To add Fat Emulsion for 3-in-1 admixture:

See **Warnings** section regarding incompatible additives including fat emulsions.

1. Prior to adding fat emulsion, mix amino acid and dextrose injection as shown in Figure 2.
2. Prepare fat emulsion transfer set following instructions provided.
3. Attach transfer set to fat emulsion bottle using aseptic technique.
4. Twist off protector on the additive port of the CLARITY container.
5. Attach the transfer set to the exposed additive port.
6. Open clamp on transfer set.
7. After completing transfer, use appropriate plastic clamp or metal ferrule to seal off additive port tube.
8. Remove transfer set.
9. Mix contents of CLARITY container thoroughly. Check for leaks.

Storage: Storage of the 3-in-1 admixture must be under refrigeration and limited to a brief period of time, no longer than 24 hours. See **Warnings** section regarding incompatible additives.

To Add Medication

WARNING: Additives may be incompatible.

Supplemental medication may be added with a 19 to 22 gauge needle through the medication port.

1. Prepare medication port.
2. Using syringe with 19 to 22 gauge needle, puncture resealable medication port and inject.
3. Mix solution and medication thoroughly. For high density medication, such as potassium chloride, squeeze ports while ports are upright and mix thoroughly.
4. Check for leaks.

Preparation for Administration

1. Suspend container from eyelet support.
2. Twist off protector from outlet port at bottom of container.
3. Attach administration set. Refer to complete directions accompanying set.

How Supplied

See Table 1.

Exposure of pharmaceutical products to heat should be minimized. Avoid excessive heat. Protect from freezing. It is recommended that the product be stored at room temperature (25°C/77°F): brief exposure up to 40°C/104°F does not adversely affect the product.

Refrigerated storage is limited to 9 days once overwrap has been opened.

Do not use if overwrap has been previously opened or damaged.

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CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections in CLARITY Dual Chamber Container

Description

CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections are sterile, nonpyrogenic, hypertonic solutions in a CLARITY Dual Chamber Container.

The sulfite-free Amino Acid Injections with Electrolytes in the outlet port chamber are solutions of essential and nonessential amino acids provided with electrolytes.

The Dextrose Injections with Calcium in the injection port chamber are solutions for fluid replenishment and caloric supply.

After opening the seal between the chambers and mixing thoroughly, the admixed product is intended for intravenous use. See Table 1 for composition, pH, osmolality, ionic concentration and caloric content of the admixed product.

The CLARITY Dual Chamber Container is a lipid-compatible plastic container (PL 2401 Plastic). The amount of water that can permeate from inside the container into the overwrap is insufficient to affect the solution significantly. 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 plastic container materials.

Clinical Pharmacology

CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections administered intravenously provide biologically utilizable source material for protein synthesis and have value as a source of calories, electrolytes, and water.

Indications and Usage

CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections are indicated as a caloric component in a parenteral nutrition regimen and as the protein (nitrogen) source for offsetting nitrogen loss or for treatment of negative nitrogen balance in patients where:

- (1) the alimentary tract cannot or should not be used,
- (2) gastrointestinal absorption of protein is impaired, or
- (3) metabolic requirements for protein are substantially increased, as with extensive burns.

Central Vein Administration: Central vein infusion should be used when amino acid solutions are admixed with hypertonic dextrose to promote protein synthesis such as for hypercatabolic or depleted patients or those requiring long term parenteral nutrition.

Peripheral Vein Administration: For patients in whom the central vein route is not indicated, amino acid solutions diluted with low dextrose concentrations may be infused by peripheral vein.

Contraindications

CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections are contraindicated in patients having intracranial or intraspinal hemorrhage, in patients who are severely dehydrated, in patients hypersensitive to one or more amino acids and in patients with severe liver disease or hepatic coma.

Solutions containing corn-derived dextrose may be contraindicated in patients with known allergy to corn or corn products.

Warnings

Additives may be incompatible including fat emulsions. Consult with pharmacist, if available.

When introducing additives, use aseptic techniques. Mix thoroughly.

Because of the potential for life-threatening events, caution should be taken to ensure that precipitates have not formed in any parenteral nutrient admixture.

These CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections, **must be** admixed prior to infusion. For admixing instructions see **Directions for Use of Plastic Container.**

The infusion of hypertonic nutrient injections into a peripheral vein may result in vein irritation, vein damage, and thrombosis. After mixing, strongly hypertonic nutrient injections should only be administered through an indwelling intravenous catheter with the tip located in a large central vein, such as the superior vena cava.

Proper administration of these admixed amino acid with electrolytes/dextrose with calcium injections requires a knowledge of fluid and electrolyte balance and nutrition as well as clinical expertise in recognition and treatment of the complications which may occur.

Laboratory Tests

Frequent clinical evaluation and laboratory determinations are necessary for proper monitoring during administration. Studies should include blood sugar, serum proteins, kidney and liver function tests, electrolytes, complete blood count with differential, carbon dioxide combining power or content, serum osmolalities, blood cultures, and blood ammonia levels.

Administration of amino acid solutions to a patient with hepatic insufficiency may result

in serum amino acid imbalances, hyperammonemia, stupor, and coma.

Hyperammonemia is of **special significance in infants.** This reaction appears to be related to a deficiency of the urea cycle amino acids of genetic or product origin. It is essential that blood ammonia be measured frequently in infants.

Conservative doses of these admixed amino acid with electrolytes/dextrose with calcium injections should be given to patients with known or suspected hepatic dysfunction. Should symptoms of hyperammonemia develop, administration should be discontinued and the patient's clinical status be reevaluated.

Administration of amino acid solutions in the presence of impaired renal function presents special issues associated with retention of electrolytes.

These admixed injections should not be administered simultaneously with blood through the same infusion set because of the possibility of pseudoagglutination.

In very low birth weight infants, excessive or rapid administration of dextrose injection may result in increased serum osmolality and possible intracerebral hemorrhage.

WARNING: This product contains aluminum that may be toxic. Aluminum may reach toxic levels with prolonged parenteral administration if kidney function is impaired. Premature neonates are particularly at risk because their kidneys are immature, and they require large amounts of calcium and phosphate solutions, which contain aluminum.

Research indicates that patients with impaired kidney function, including premature neonates, who receive parenteral levels of aluminum at greater than 4 to 5 mcg/kg/day accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration.

Precautions

With the administration of these CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections, hyperglycemia, glycosuria, and hyperosmolar syndrome may result. Blood and urine glucose should be monitored on a routine basis in patients receiving this therapy.

Use with caution when administering to patients with anuria or renal failure.

These injections contain sufficient electrolytes to provide for most parenteral nutritional needs with the possible exception of potassium, where supplementation may be required. However, replacement of exceptional electrolyte loss due to nasogastric suction, fistula drainage, or unusual tissue exudation may be necessary. Particular attention should be given to monitoring serum potassium levels.

The metabolizable acetate anion and amino acid profiles in these admixed injections were designed to minimize or prevent occurrences of hyperchloremic metabolic acidosis and hyperammonemia. However, the physician should be aware of appropriate countermeasures if they become necessary.

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.

Because of its anti-anabolic activity, concurrent administration of tetracycline may reduce the protein-sparing effect of infused amino acids.

The intravenous administration of these solutions can cause fluid and/or solute overloading resulting in dilution of serum electrolyte concentrations, overhydration, congested states, or pulmonary edema; particularly in patients with renal disease, pulmonary insufficiency, and heart disease.

Administration of admixed amino acid with electrolytes/dextrose with calcium injections and other nutrients via central or peripheral venous catheter may be associated with complications which can be prevented or minimized by careful attention to all aspects of the procedure. This includes attention to solution preparation, administration, and patient monitoring. **It is essential that a carefully prepared protocol based on current medical practices be followed, preferably by an experienced team.**

Although a detailed discussion of the complications is beyond the scope of this insert, the following summary lists those based on current literature:

Technical: The placement of a central venous catheter should be regarded as a surgical procedure. The physician should be fully acquainted with various techniques of catheter insertion as well as recognition and treatment of complications. For details of techniques and placement sites, consult the medical literature. X-ray is the best means of verifying catheter placement. Complications known to occur from the placement of central venous catheters are pneumothorax, hemothorax, hydrothorax, artery puncture and transection, injury to the brachial plexus, malposition of the catheter, formation of arteriovenous fistula, phlebitis, thrombosis, cardiac arrhythmia, and catheter embolus.

Septic: The constant risk of sepsis is present during total parenteral nutrition. Since contaminated solutions and infusion catheters are potential sources of infection, it is imperative that the preparation of solution and the placement and care of catheters be accomplished under controlled aseptic conditions. If fever develops, the solution, its delivery system, and the site of the indwelling catheter should be changed.

*BAR CODE POSITION ONLY

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Metabolic: The following metabolic complications have been reported: metabolic acidosis, hypophosphatemia, alkalosis, hyperglycemia and glycosuria, osmotic diuresis and dehydration, rebound hypoglycemia, elevated liver enzymes, hypo- and hypervitaminosis, electrolyte imbalances, and hyperammonemia. Frequent clinical evaluation and laboratory determinations are necessary, especially during the first few days of therapy to prevent or minimize these complications.

Caution must be exercised in the administration of these admixed amino acid with electrolytes/dextrose with calcium injections to patients receiving corticosteroids or corticotropin.

These admixed injections should be used with caution in patients with overt or known subclinical diabetes mellitus.

Drug product contains no more than 25 mcg/L of aluminum.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Studies with CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections have not been performed to evaluate carcinogenic potential, mutagenic potential, or effects on fertility.

Pregnancy: Teratogenic Effects

Pregnancy Category C. Animal reproduction studies have not been conducted with CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections. It is also not known whether CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections should be given to a pregnant woman only if clearly needed.

Nursing Mothers: Caution should be exercised when CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections are administered to a nursing woman.

Pediatric Use: Dextrose is safe and effective for the stated indications in pediatric patients (see **Indications and Usage**). As reported in the literature, the dosage selection and constant infusion rate of intravenous dextrose must be selected with caution in pediatric patients, particularly neonates and low birth weight infants, because of the increased risk of hyperglycemia/hypoglycemia. Frequent monitoring of serum glucose concentrations is required when dextrose is prescribed to pediatric patients, particularly neonates and low birth weight infants.

Safety and effectiveness of CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections in pediatric patients have not been established by adequate and well-controlled studies. However, the use of amino acid injections in pediatric patients as an adjunct in the offsetting of nitrogen loss or in the treatment of negative nitrogen balance is referenced in the medical literature. See **Dosage and Administration**.

Geriatric Use: Clinical studies of CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from other younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or drug therapy.

Adverse Reactions

See **Warnings and Precautions**

Too rapid infusion of these CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections may result in diuresis, hyperglycemia, glycosuria, and hyperosmolar coma. Continual clinical monitoring of the patient is necessary in order to identify and initiate measures for these clinical conditions.

Reactions that 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. Policies and procedures should be established for the recognition and management of such reactions.

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.

Dosage and Administration

If a patient is unable to take oral nourishment for a prolonged period of time, institution of total parenteral nutrition should be considered.

The total daily dose of CLINIMIX E sulfite-free (Amino Acid with Electrolytes in Dextrose with Calcium) Injections depends on the patient's metabolic requirement and clinical response. The determination of nitrogen balance and accurate daily body weights, corrected for fluid balance, are probably the best means of assessing individual nitrogen requirements.

Recommended Dietary Allowances* of protein range from approximately 0.75 g/kg of body weight for adults to 1.68 g/kg for infants up to three months of age. It must be recognized, however, that protein as well as caloric requirements in traumatized or malnourished patients may be increased substantially. Daily amino acid doses of approximately 1.0 to 1.5 g/kg of body weight for adults with adequate calories are generally sufficient to satisfy protein needs and promote positive nitrogen balance.

For the initial treatment of trauma or protein calorie malnutrition, higher doses of protein with corresponding quantities of carbohydrates will be necessary to promote adequate patient response to therapy. The severity of the illness being treated is the primary consideration in determining proper dose level. Such higher doses, especially in infants, must be accompanied by more frequent laboratory evaluation.

Care should be exercised to insure the maintenance of proper levels of serum potassium. Quantities of 60 to 180 mEq of potassium per day have been used with adequate clinical effect. It may be necessary to add quantities of this electrolyte to these admixed injections, depending primarily on the amount of carbohydrate administered to and metabolized by the patient.

Total daily fluid requirements can be met beyond the volume of amino acids solution by supplementing with noncarbohydrate or carbohydrate-containing electrolyte solutions.

Maintenance vitamins, additional electrolytes, and trace elements should be administered as required.

In many patients, provision of adequate calories in the form of hypertonic dextrose may require the administration of exogenous insulin to prevent hyperglycemia and glycosuria.

Fat emulsion administration should be considered when prolonged (more than 5 days) parenteral nutrition is required in order to prevent essential fatty acid deficiency (EFAD). Serum lipids should be monitored for evidence of EFAD in patients maintained on fat-free TPN.

Intravenous fat emulsions provide approximately 1.1 kcal per mL (10%), 2.0 kcal per mL (20%), or 3.0 kcal per mL (30%) and may be admixed along with amino acid with electrolytes/dextrose with calcium injections in the CLARITY Container to supplement caloric intake.

Depending upon the clinical condition of the patient, approximately 3 liters of solution may be administered per 24 hour period. When used postoperatively, the therapy should begin with 1000 mL on the first postoperative day. Thereafter, the dose may be increased to 3000 mL per day.

Do not administer unless seal between chambers is opened, other seals are intact, and solution is clear and thoroughly mixed.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. Use of a final filter is recommended during administration of all parenteral solutions, where possible.

A slight yellow color does not alter the quality and efficacy of this product.

Additives may be incompatible. Complete information is not available. Those additives known to be incompatible should not be used. Consult with pharmacist, if available. If, in the informed judgment of the physician, it is deemed advisable to introduce additives, use aseptic technique. Mix thoroughly when additives have been introduced.

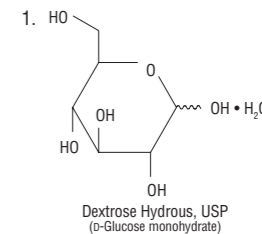
Do not store solutions containing additives. These amino acid with electrolytes/dextrose with calcium injections should be used promptly after mixing. Any storage with additives should be under refrigeration and limited to a brief period of time, less than 24 hours.

* Food and Nutrition Board National Academy of Sciences - National Research Council (Revised 1989).

Table 1

Contents of Admixed Product

How Supplied			Composition																							Caloric Content (kcal/L)													
After mixing, the product represents	1000 mL Code and NDC Number	2000 mL Code and NDC Number	Dextrose Hydrous, USP ¹ (g/100 mL)	Amino Acids (g/100 mL)	Total Nitrogen (mg/100 mL)	Essential Amino Acids (mg/100 mL)						Nonessential Amino Acids (mg/100 mL)						Electrolytes (mg/100 mL)					Electrolyte Profile (mEq/L) ²					pH ⁵ (range)	Osmolarity (mOsmol/L) (calc)	From Dextrose	From Amino Acids	TOTAL (Dextrose and Amino Acids)							
						Leucine - (C ₆ H ₁₂) CH(CH ₂) ₂ COOH	Isoleucine - CH ₃ CH ₂ CH(CH ₃) CH (NH ₂) COOH	Valine - (CH ₃) ₂ CHCH (NH ₂) COOH	Lysine (added as the hydrochloride salt) - H ₂ N (CH ₂) ₄ CH (NH ₂) COOH	Phenylalanine - (C ₆ H ₅) CH ₂ CH (NH ₂) COOH	Histidine - (C ₉ H ₉ N ₂) CH ₂ CH (NH ₂) COOH	Threonine - CH ₃ CH (OH) CH (NH ₂) COOH	Methionine - CH ₃ S (CH ₂) ₂ CH (NH ₂) COOH	Tryptophan - (C ₈ H ₆ N) CH ₂ CH (NH ₂) COOH	Alanine - CH ₃ CH (NH ₂) COOH	Arginine - H ₂ N(C(NH) NH (CH ₂) ₃ CH (NH ₂) COOH	Glycine - H ₂ NCH ₂ COOH	Proline - [(CH ₂) ₃ NH-CH] COOH	Serine - HOCH ₂ CH (NH ₂) COOH	Tyrosine - [C ₆ H ₄ (OH)] CH ₂ CH (NH ₂) COOH	Sodium Acetate Trihydrate, USP - C ₂ H ₃ NaO ₂ •3H ₂ O	Dibasic Potassium Phosphate, USP - K ₂ HPO ₄	Sodium Chloride, USP - NaCl	Magnesium Chloride, USP - MgCl ₂ •6H ₂ O	Calcium Chloride Dihydrate, USP - CaCl ₂ •2H ₂ O	Sodium	Potassium	Magnesium	Calcium	Acetate ³	Chloride ⁴	Phosphate (as HPO ₄ ⁻)							
CLINIMIX E 2.75/5 sulfite-free (2.75% Amino Acid with Electrolytes in 5% Dextrose with Calcium) Injection	Code 2B7735 NDC 0338-1142-03	Code 2B7713 NDC 0338-1107-04	5	2.75	454	201	165	160	159	154	132	116	110	50	570	316	283	187	138	11	217	261	112	51	33	35	30	5	4.5 (2.2 mmol/L)	51	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	665	170	110	280		
CLINIMIX E 2.75/10 sulfite-free (2.75% Amino Acid with Electrolytes in 10% Dextrose with Calcium) Injection	Code 2B7736 NDC 0338-1143-03	Code 2B7714 NDC 0338-1109-04	10	2.75	454	201	165	160	159	154	132	116	110	50	570	316	283	187	138	11	217	261	112	51	33	35	30	5	4.5 (2.2 mmol/L)	51	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	920	340	110	450		
CLINIMIX E 4.25/5 sulfite-free (4.25% Amino Acid with Electrolytes in 5% Dextrose with Calcium) Injection	Code 2B7737 NDC 0338-1144-03	Code 2B7716 NDC 0338-1113-04	5	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	297	261	77	51	33	35	30	5	4.5 (2.2 mmol/L)	70	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	815	170	170	340		
CLINIMIX E 4.25/10 sulfite-free (4.25% Amino Acid with Electrolytes in 10% Dextrose with Calcium) Injection	Code 2B7738 NDC 0338-1145-03	Code 2B7717 NDC 0338-1115-04	10	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	297	261	77	51	33	35	30	5	4.5 (2.2 mmol/L)	70	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	1070	340	170	510		
CLINIMIX E 4.25/25 sulfite-free (4.25% Amino Acid with Electrolytes in 25% Dextrose with Calcium) Injection	Code 2B7739 NDC 0338-1146-03	Code 2B7719 NDC 0338-1119-04	25	4.25	702	311	255	247	247	238	204	179	170	77	880	489	438	289	213	17	297	261	77	51	33	35	30	5	4.5 (2.2 mmol/L)	70	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	1825	850	170	1020		
CLINIMIX E 5/15 sulfite-free (5% Amino Acid with Electrolytes in 15% Dextrose with Calcium) Injection	Code 2B7740 NDC 0338-1147-03	Code 2B7721 NDC 0338-1123-04	15	5	826	365	300	290	290	280	240	210	200	90	1035	575	515	340	250	20	340	261	59	51	33	35	30	5	4.5 (2.2 mmol/L)	80	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	1395	510	200	710		
CLINIMIX E 5/20 sulfite-free (5% Amino Acid with Electrolytes in 20% Dextrose with Calcium) Injection	Code 2B7741 NDC 0338-1148-03	Code 2B7722 NDC 0338-1125-04	20	5	826	365	300	290	290	280	240	210	200	90	1035	575	515	340	250	20	340	261	59	51	33	35	30	5	4.5 (2.2 mmol/L)	80	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	1650	680	200	880		
CLINIMIX E 5/25 sulfite-free (5% Amino Acid with Electrolytes in 25% Dextrose with Calcium) Injection	Code 2B7742 NDC 0338-1149-03	Code 2B7723 NDC 0338-1127-04	25	5	826	365	300	290	290	280	240	210	200	90	1035	575	515	340	250	20	340	261	59	51	33	35	30	5	4.5 (2.2 mmol/L)	80	39	30 (15 mmol/L)	6.0 (4.5 to 7.0)	1900	850	200	1050		



- Balanced by ions from amino acids.
- Derived from glacial acetic acid (for pH adjustment) and sodium acetate.
- Contributed by calcium chloride, lysine hydrochloride, magnesium chloride, and sodium chloride.
- pH of sulfite-free Amino Acid Injection with Electrolytes in the outlet port chamber was adjusted with glacial acetic acid.