

Haemacel[®]

polygeline



The flexible solution, with more than a decade of British experience

Presentation: Each 500ml bottle contains 17.5g polygeline. **Cations** (mmol/500ml): sodium 72.50, potassium 2.55, calcium 3.13. **Anions** (mmol/500ml): chloride 72.50, phosphate – traces, sulphate – traces. Sterile distilled water to 500ml. **Uses:** **1.** As a plasma volume substitute in the initial treatment of hypovolaemic shock due to a) Haemorrhage (visible or concealed), b) Burns, peritonitis, pancreatitis, crush injuries. **2.** Fluid replacement in plasma exchange. **3.** Extra-corporeal circulation. **4.** Isolated organ perfusion. **5.** Carrier solution for insulin. **Dosage and administration:** Haemacel should be administered intravenously in a volume approximately equal to the estimated blood loss. Normally 500ml will be infused in not less than 60 minutes but in emergencies Haemacel can be infused rapidly. **Hypovolaemic shock:** 500-1,000ml Haemacel intravenously initially. Up to 1.5 litres blood loss can be replaced entirely by Haemacel. For between 1.5 and 4 litres blood loss, fluid replacement should be with equal volumes of Haemacel and blood, given separately. (See Pharmaceutical Precautions). For losses over 4 litres the separate infusions should be in the ratio two parts blood to one part Haemacel. **Burns:** At least 1ml Haemacel per kg body weight, multiplied by the percent of body surface burned, should be infused in each 24 hours for 2 days. **Plasma exchange:** Haemacel should be given either alone or in combination with other replacement fluids in a volume adequate to replace the plasma removed. Up to 2 litres have been given as sole replacement fluid. **Contraindications, warnings etc:** There are no absolute contraindications to the use of Haemacel. However, caution should be used in any patient likely to develop circulatory overloading. Inappropriately rapid administration of Haemacel, especially to normovolaemic patients, may cause the release of histamine. Histamine release may be especially hazardous in patients with known allergic conditions such as asthma. In these cases prophylaxis with H₁ and H₂ receptor antagonists is advisable. In the events of anaphylactic shock the infusion should be discontinued and adrenaline (5-10ml of 1:10,000 by slow intravenous injection or 0.5-1.0ml of 1:1,000 by intramuscular/subcutaneous injection) should be given immediately. Haemacel contains calcium ions and caution should be observed in patients being treated with cardiac glycosides. Haemacel should, if possible, be warmed to body temperature before use. However in emergencies it may be infused at ambient temperatures. **Pharmaceutical precautions:** As Haemacel contains no preservatives, any unused fluid should be discarded once a bottle has been opened. Citrated blood may be infused immediately before or after Haemacel provided there is adequate flushing of the infusion set. **PL0086/0040. Date of Preparation** June 1993. **Basic NHS Hospital Price** £3.43 per 500ml bottle. Behring – A division of HOECHST UK LTD, Salisbury Road, Hounslow, Middlesex TW4 6JH.

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