

South Australian Neonatal Medication Guidelines

Multivitamins (Penta-Vite®)

Infant 0-3 years oral liquid

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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

Dose and Indications

Prevention of vitamin deficiency in neonates born < 34 weeks gestation or weighing < 2000gram (regardless of method of feeding)

Oral

0.45mL daily once tolerating full enteral feeds

Continue until 12 months corrected age

Note: Term formulas (e.g., modified or elemental term formula) or unfortified expressed breast milk have low levels of vitamin D. If using in neonates born less than 34 weeks gestation, consider supplementing with addition colecalciferol to meet Recommended Nutritional Intake until term gestation or discharge (see Nutrient delivery comparison tables: Preterm Infants – Neonatal Medication Guideline). Then reduce to dose as above.

Preparation and Administration

Oral

Each 0.45mL dose contains:

Vitamin A (retinol palmitate)	390 micrograms RE (equiv. 1300 units RE)
Vitamin B1 (thiamine hydrochloride)	540 micrograms
Vitamin B2 (riboflavine sodium phosphate)	1.1mg (equiv. riboflavin 810 microg)
Vitamin B3 (nicotinamide)	7.1 mg
Vitamin B6 (pyridoxine hydrochloride)	135 micrograms (equiv. pyridoxine 111 microg)
Vitamin C (ascorbic acid)	42.8 mg
Vitamin D3 (colecalciferol)	10.1 micrograms (equiv.400 units)

Store in the refrigerator after opening. Use within 9 weeks of opening.

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Adverse Effects

Not expected with therapeutic dose

Practice Points

- > Penta-vite® is a multivitamin supplement with a range of vitamins required for preterm infants
- > As Penta-vite® contains vitamin D, it may be used for later preterm or term infants at risk of vitamin D deficiency. However, this may be better managed through the use of single ingredient vitamin D preparations (see Colecalciferol - Neonatal Medication Guideline)
- > For preterm infants the dose may be halved (i.e. 0.23 mL) and given twice daily to improve tolerability
- > Infants with cholestasis should receive additional vitamin D supplementation until cholestasis/fat malabsorption resolves (see Colecalciferol - Neonatal Medication Guideline). Other fat soluble vitamins may also require supplementation

Document Ownership & History

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10/05/2019	V2	SA Health Safety and Quality Strategic Governance Committee	Formally reviewed.
13/8/2013	V1	SA Maternal & Neonatal Clinical Network	Original SA Maternal & Neonatal Clinical Network approved version.