

# SODIUM CHLORIDE 20% AND 23.4%

BRAND NAME	SODIUM CHLORIDE 20%; SODIUM CHLORIDE 23.4%
DRUG CLASS	Electrolyte
AVAILABILITY	Vial contains 2 g/10 mL (20% solution) or 2.34 g/10 mL (23.4% solution) of sodium chloride. <sup>1</sup> The solution is clear and colourless. Each <b>1 mL</b> of the 20% solution contains 3.4 mmol of sodium and 3.4 mmol of chloride <sup>1</sup> Each <b>1 mL</b> of the 23.4% solution contains 4 mmol of sodium and 4 mmol of chloride. <sup>1</sup>
WARNING	Sodium chloride 20% and sodium chloride 23.4% are hypertonic. Check product selection carefully; there are other hypertonic formulations available including 3% and 7.5% pre-mixed infusion bags.
pH	4.5–7 <sup>1</sup>
PREPARATION	Usually diluted before use. <sup>1</sup> Mix thoroughly.
STABILITY	Sodium chloride 20% vial: store below 25 °C. <sup>1</sup> Sodium chloride 23.4% vial: store below 30 °C. <sup>1</sup> Diluted solution: use within 4 hours. <sup>1</sup>
ADMINISTRATION	
<b>IM injection</b>	Contraindicated <sup>1</sup>
<b>SUBCUT injection</b>	Contraindicated <sup>1</sup>
<b>IV injection</b>	For use in intensive care settings in the treatment of traumatic brain injury, a central line is required. Give 30–60 mL undiluted over 2 to 20 minutes into a central line. <sup>2</sup> The undiluted solution must not be given into a peripheral vein as it causes sclerosis.
<b>IV infusion</b>	Dilute with a compatible fluid or add to parenteral nutrition solution. Solutions that are sufficiently diluted may be given into a peripheral line. Check your local guidelines.
COMPATIBILITY	
<b>Fluids</b>	Glucose 5% <sup>1</sup>
<b>Y-site</b>	No information
INCOMPATIBILITY	
<b>Fluids</b>	No information
<b>Drugs</b>	No information
SPECIAL NOTES	The injection can be filtered and given orally (mixed with feeds) for electrolyte replacement in neonates.

## REFERENCES

1. Product information. Available from [www.tga.gov.au](http://www.tga.gov.au). Accessed 14/07/2020.
2. Fink ME. Osmotherapy for intracranial hypertension: mannitol versus hypertonic saline. Continuum (Minneapolis Minn) 2012;18: 640-54.