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.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

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

Generic Ingredients
Sodium alginate 225 mg, magnesium alginate 87.5 mg per sachet.

Each sachet of Gaviscon® Infant contains 0.92 mmol sodium

Dose and Indications
Gastro-oesophageal Reflux Disease

Oral
One sachet with at least 120 mL of feed (or a proportionate dose)

Maximum dose:

- Infants up to 4.5 kg: equivalent of 6 full sachets per 24 hours
- Infants 4.5 kg and above: equivalent of 12 full sachets per 24 hours
Preparation and Administration

Oral

For bottle fed infants (full sachet):
> Add the contents of the sachet to at least 120 mL feed and shake well

For bottle fed infants (part sachet):
> A proportionate dose should be prescribed as the fraction of a sachet (e.g., quarter of a sachet)
> Prepare part sachet as below. Add directly to feed and shake well or administer orally using syringe with or after feed.

<table>
<thead>
<tr>
<th>Volume of enteral feed</th>
<th>30 mL</th>
<th>40 mL</th>
<th>60 mL</th>
<th>120 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribed proportion of sachet</td>
<td>0.25 (quarter sachet)</td>
<td>0.3 (third sachet)</td>
<td>0.5 (half sachet)</td>
<td>1 (whole sachet)</td>
</tr>
<tr>
<td>Volume of Gaviscon® Infant suspension (as prepared above)</td>
<td>1.5 mL</td>
<td>2 mL</td>
<td>3 mL</td>
<td>6 mL</td>
</tr>
</tbody>
</table>

When mixed with sterile water, solution may be kept for up to 12 hours in the fridge.

For breast fed infants:
> As per manufacturer’s instructions, mix one sachet with 15 mL sterile water. Give part way through or after a feed.
    OR
> Prepare Gaviscon® Infant suspension as table above and administer orally using syringe part way through or after a feed.

Not to be given with other food thickening agents or infant milk preparations containing thickening agents (such anti-reflux preparations). Do not use with soy-based formula feeds.

Adverse Effects

Generally well tolerated, however, diarrhoea has been occasionally reported

Practice Points
> Use cautiously in patients with significant renal impairment or gastroenteritis, as Gaviscon® Infant may add to the risk of hypernatremia.
> Liquid Gaviscon® preparations have higher sodium content and are not recommended in infants.
> Contraindicated in infants with suspected intestinal obstruction.
> Higher doses may be used at neonatologist’s discretion.
South Australian Neonatal Medication Guidelines

Gaviscon® Infant
powder for oral suspension

Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: Health.NeoMed@sa.gov.au
Endorsed by: Domain Custodian, Clinical Support and Improvement, SA Health
Next review due: 28/11/2028
ISBN number: 978-1-76083-648-1
CGSQ reference: NMG058
Policy history:

Is this a new policy (V1)? N
Does this policy amend or update existing policy? Y
If so, which version? V2.0
Does this policy replace another policy with a different title? N
If so, which policy (title)?

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>28/11/2023</td>
<td>V2.1</td>
<td>Domain Custodian, Clinical Governance, Safety and Quality</td>
<td>Minor update</td>
</tr>
<tr>
<td>15/11/18</td>
<td>V2</td>
<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Formally reviewed in line with 5 year scheduled timeline for review.</td>
</tr>
<tr>
<td>9/3/2018</td>
<td>V1.1</td>
<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Review date extended to 5 years following risk assessment. New Template.</td>
</tr>
<tr>
<td>13/8/2013</td>
<td>V1</td>
<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Original SA Health Safety and Quality Strategic Governance Committee approved version.</td>
</tr>
</tbody>
</table>