

# Neonatal Medication Guideline

## Clinical Guideline

### Vitamin E

**Policy developed by:** SA Maternal, Neonatal & Gynaecology Community of Practice

**Approved SA Health Safety & Quality Strategic Governance Committee on:**  
11 August 2017

**Next review due:** 31 August 2020

**Summary** The purpose of this guideline is to guide nursing, midwifery, medical and pharmacy staff in the dosing and administration of vitamin E for vitamin E deficiency, oxidative haemolysis in preterm infants or chronic cholestasis

**Keywords** Vitamin e, neonatal medication guideline, dl-alpha-tocopherol acetate, dl-alpha-tocopherol, haemolysis, cholestasis

**Policy history** Is this a new policy? **N**  
Does this policy amend or update an existing policy? **Y v1.0**  
Does this policy replace an existing policy? **N**  
If so, which policies? **Vitamin E 115mg/mL oral mixture**  
**Neonatal Medication Guideline**

**Applies to** All Health Networks  
CALHN, SALHN, NALHN, CHSALHN, WCHN, SAAS

**Staff impact** All Clinical, Medical, Midwifery, Nursing, Students, Allied Health, Emergency, Mental Health, Pathology, Pharmacy

**PDS reference** CG0265

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### Version control and change history

Version	Date from	Date to	Amendment
1.0	July 2013	Aug 2017	Original version
2.0	11 Aug 2017	Current	Change in formulation

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# Vitamin E

## 104.7mg/mL oral mixture

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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

### Synonyms

dl-alpha-tocopherol acetate

dl-alpha-tocopherol

### Note

Vitamin E liquid (Micel E Pretorius®) contain 104.7mg/mL of dl-alpha-tocopherol acetate (equivalent to 156units of dl-alpha-tocopherol acetate).

### Dose and Indications

#### **For prevention of vitamin E deficiency in preterm infants < 2000g at birth or < 34 weeks gestation**

##### **Oral**

10.5mg (0.1mL) ONCE daily

To be commenced when tolerating enteral feeds of 150mL/kg daily.

Continue until term corrected age OR until discharge if this is earlier.

#### **For treatment of oxidative haemolysis in preterm neonates**

##### **Oral**

21mg (0.2mL) ONCE daily

**ISBN number:**

**Endorsed by:**

**Last Revised:**

**Contact:**

978-1-74243-545-9

South Australian Maternal, Neonatal & Gynaecology Community of Practice

11/8/17

South Australian Neonatal Medication Guidelines Workgroup at:

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Government  
of South Australia

SA Health

# Vitamin E

## 104.7mg/mL oral mixture

### Chronic Cholestasis

#### Oral

42mg (0.4mL) ONCE daily

To be commenced when tolerating enteral feeds of 150mL/kg daily.

Continue until conjugated bilirubin normalises

### Preparation and Administration

#### Oral

Oral mixture contains 104.7mg/mL

Dose	10.5mg	21mg	42mg
Volume	0.1mL	0.2mL	0.4mL

Give with feeds to reduce gastrointestinal irritation

### Adverse Effects

Feeding intolerance may occur due to hyperosmolarity of preparation.

### Monitoring

- > Assess feeding tolerance

### Practice Points

- > Can dilute with sterile water or formula to reduce the osmolarity.
- > Do not administer with iron as iron absorption may be reduced, doses need to be separated by at least 2 hours.
- > 1mg dl-alpha-tocopherol acetate = 1.5 international units of vitamin E.

### Version control and change history

**PDS reference:** OCE use only

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