# SODIUM VALPROATE

| Presentation          | Tablet: 100mg, 200mg enteric-coated, 500mg enteric-coated  
|                       | Oral liquid: 40mg/mL (sugar-free)  
|                       | Vial: 400mg (powder and solvent (Water for injections)) |
| Dose                  | **Epilepsy and bipolar disorder**  
|                       | **Oral:**  
|                       | Initially 600mg daily in 2 divided doses, increase by 200mg every 3 days according to response.  
|                       | Maintenance dose is 1-2g in divided doses.  
|                       | **Neuropathic pain in the palliative care setting**  
|                       | Discuss with palliative care specialist.  
|                       | Refer to relevant [KEMH Clinical Guidelines](#) (links below) |
| Administration        | **Oral**  
|                       | Take with or soon after food. Swallow enteric-coated tablets whole.  
|                       | **IV injection**  
|                       | **Step 1 Reconstitution:** Reconstitute with solvent provided (4mL Water for injections). Concentration is 95mg/mL.  
|                       | **Step 2 Administration:** Inject slowly over 3 to 5 minutes  
|                       | **IV infusion**  
|                       | **Step 1 Reconstitution:** Reconstitute as above  
|                       | **Step 2 Dilution:** Dilute the dose in at least 50mL of Glucose 5% or Sodium chloride 0.9%. Maximum concentration is 8mg/mL (e.g. 400mg in 50mL)  
|                       | **Step 3 Administration:** Infuse over 60 minutes. May also be given as a continuous infusion at 1-2mg/kg/hour.  
|                       | **IM injection**  
|                       | Contraindicated. Tissue necrosis can occur.  

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**ADULT**

This document should be read in conjunction with this [DISCLAIMER](#)
| Pregnancy       | 1<sup>st</sup> Trimester: Consider alternative  
               | 2<sup>nd</sup> Trimester: Monitoring required  
               | 3<sup>rd</sup> Trimester: Monitoring required  |
|-----------------|--------------------------------------------------|
| Breastfeeding   | Monitoring required                               |
| Monitoring      | • Measure trough concentration (steady state is achieved after 3-5 days). Therapeutic range is 40-100mg/L.  
               | • Check complete blood count (including platelets) and LFTs before starting treatment  
               | • Sodium valproate appears to reduce BMD and may increase fracture risk; consider BMD monitoring during long-term treatment and ensure vitamin D status and calcium intake are adequate |
| Clinical Guidelines and Policies | Palliative care  
               | RCOG Epilepsy in Pregnancy  
               | Childbirth and Mental Illness (CAMI) Clinic  |