



ADULT MEDICATION GUIDELINE

Sodium Bicarbonate

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

[Dose](#)

[Administration](#)

[Monitoring](#)

[Pregnancy and
Breastfeeding](#)

Restrictions

[Formulary: Unrestricted](#)

[HIGH RISK Medication](#) 

Medication Class

Drug Class

Presentation

Capsule (Sodibic®): 840mg

Solution: 10mmol/10mL (8.4%)

Vial: 10mmol/10mL (8.4%)

Infusion: 10mmol/10mL (8.4%)

Storage

Store at room temperature, below 25°C

Dose

Resuscitation

IV injection: 1mmol/kg up to 100mmol, every 3 to 5 minutes, titrated to a narrowing of the QRS complex and aiming for serum pH between 7.45 and 7.55. Maximum total dose is 6mmol/kg. Seek urgent advice from a clinical toxicologist if there is inadequate response.

Hyperkalaemia (with metabolic acidosis and volume depletion)

IV injection: Use the 1mmol/mL vial (sodium bicarbonate 8.4%)

50mL (50mmol) over 5 to 10 minutes, under ECG control. Repeat in 60 to 120 minutes if necessary.

Urinary alkalinisation

Oral: Dose according to response (1–6 capsules daily).

IV injection: 1 mmol/kg IV as an initial bolus. Followed by infusion.

IV infusion: 25 mmol/hour (see below for preparation of solution). The rate should be adjusted to maintain a urinary pH greater than 7.5

Diabetic Ketoacidosis (DKA)

Bicarbonate treatment is no longer recommended for the management of DKA

Administration

Refer to the [Australian Injectable Drugs Handbook](#)

IV injection

Give by rapid IV injection in emergency situations, into central venous catheter if possible.

IV infusion

Dilution: Dilute in Glucose 5%, Sodium Chloride 0.9% or glucose in sodium chloride solutions.

Dilute 100mmol in 1000mL of compatible fluid. Concentration is 1mmol/10mL.

Administration: Infuse into a large vein over 4 to 8 hours.

For urinary alkalinisation, infuse at 25 mmol/hour.

Oral

Take with or without food.

Monitoring

Use with caution or avoid in people who require sodium restriction.

Monitor the injection site closely. Stop the injection if there is redness or pain.

The undiluted solution is highly irritant. Extravasation may cause severe complications including tissue necrosis.

Pregnancy

1st Trimester: Monitoring required

2nd Trimester: Monitoring required

3rd Trimester: Monitoring required

Oral sodium bicarbonate is not recommended as an antacid during pregnancy or breastfeeding due to the risk of sodium related fluid retention and resultant complications.

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Breastfeeding

Considered safe to use

Oral sodium bicarbonate is not recommended as an antacid during pregnancy or breastfeeding due to the risk of sodium related fluid retention and resultant complications.

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Related Policies, Procedures & Guidelines

[WA DOH Recognising and Responding to Acute Deterioration Policy](#)

[WNHS Recognising and Responding to Acute Physiological \(Clinical\) Deterioration](#)

[WNHS Resuscitation trolley checking and equipment \(adult & neonatal\)](#)

[WNHS Adult Resuscitation Drug Protocols](#)

References

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