# Gaviscon® Infant

## power for oral suspension



**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

## 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.

| **To prepare:** Mix ONE sachet in 6 mL of sterile water and shake well. Administer as follows | | | | |
|---|---|---|---|---|
| **Volume of enteral feed** | 30 mL | 40 mL | 60 mL | 120 mL |
| **Prescribed proportion of sachet** | 0.25 (quarter sachet) | 0.3 (third sachet) | 0.5 (half sachet) | 1 (whole sachet) |
| **Volume of Gaviscon® Infant suspension (as prepared above)** | 1.5 mL | 2 mL | 3 mL | 6 mL |

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.

## Document Ownership & History

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