POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE- potassium chloride, dextrose monohydrate and sodium chloride injection, solution **Baxter Healthcare Corporation** Reference Label Set Id: 9714fdb7-6c16-424e-a030-cddaa8fc8838

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE INJECTION safely and effectively. See full prescribing information for POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE INJECTION. POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE injection, for intravenous use Initial U.S. Approval: 1979 RECENT MAJOR CHANGES
-
Contraindications (4) 02/2019 Warnings and Precautions (5.1 , 5.2 , 5.3 , 5.4 , 5.5 , 5.6 , 5.7) 02/2019
Potassium Chloride in Dextrose and Sodium Chloride Injection is indicated as a source of water, electrolytes and calories. (1)
DOSAGE AND ADMINISTRATION
 Only for intravenous infusion. (2.1, 5.2) See full prescribing information for information on preparation, administration, dosing considerations and instructions for use. (2.1, 2.2, 2.3)
DOSAGE FORMS AND STRENGTHS
Potassium Chloride in Dextrose and Sodium Chloride Injection is available in multiple strengths. See full prescribing information for detailed description of each formulation. (3)
CONTRAINDICATIONS
 Known hypersensitivity to potassium chloride, dextrose, or sodium chloride (4, 5.1) Clinically significant hyperkalemia (4, 5.2) Clinically significant hyperglycemia (4, 5.3)
WARNINGS AND PRECAUTIONS
 <u>Hypersensitivity Reactions</u>: monitor for signs and symptoms and discontinue infusion if reactions occur. (5.1) <u>Hyperkalemia</u>: May result in cardiac arrhythmias. Avoid use in patients with, or at risk for, hyperkalemia. If use cannot be avoided, use a product with a low amount of potassium chloride, infuse slowly and monitor serum potassium concentrations and ECGs. (5.2) <u>Hyperglycemia or Hyperosmolar Hyperglycemic State</u>: Monitor blood glucose and administer insulin as needed. (5.3, 8.4) <u>Hyponatremia. Hypernatremia and Hyperchloremia</u>: Avoid in patients with or at risk for hypo//hypernatremia. If use cannot be avoided, monitor serum sodium concentrations. (5.4, 5.5, 8.4) <u>Fluid Overload</u>: Avoid in patients with or at risk for fluid and/or solute overloading. If use cannot be avoided, monitor serum sodium concentrations and acid-base balance, as needed and especially during prolonged use. (5.6) <u>Refeeding Syndrome</u>: Monitor severely undernourished patients and slowly increase nutrient intake. (5.7)
ADVERSE REACTIONS
Adverse reactions include electrolyte imbalances, hyperglycemia, and hypervolemia and injection site reactions. (6) To report SUSPECTED ADVERSE REACTIONS, contact Baxter Healthcare at 1-866-888-2472 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. DRUG INTERACTIONS
Other Products that Cause Hyperkalemia: Avoid use in patients receiving such products. If use cannot
 be avoided, monitor serum potassium concentrations. (7.1) <u>Lithium</u>: Decreased lithium concentrations with concomitant use; monitor serum lithium concentrations. (7.2)
 Other Products that Affect Glycemic Control, Vasopressin or Fluid and/or Electrolyte Balance: Monitor blood glucose concentrations, fluid balance serum electrolyte concentrations and acid-base balance. (7.3)
See 17 for PATIENT COUNSELING INFORMATION.

Revised: 2/2019

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Potassium Chloride in Dextrose and Sodium Chloride Injection is indicated as a source of water, electrolytes and calories.

2 DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions

- Potassium Chloride in Dextrose and Sodium Chloride Injection is only for intravenous infusion [see Warnings and Precautions (5.2)].
- The osmolarity of Potassium Chloride in Dextrose and Sodium Chloride Injection, ranges from 361 to 641 mOsmol/L (calc). Peripheral administration is generally acceptable; however; consider central vein administration if there is peripheral vein irritation, phlebitis, and/or associated pain especially with higher potassium concentrations.
- Do not administer Potassium Chloride in Dextrose and Sodium Chloride Injection simultaneously with blood products through the same administration set because of the possibility of pseudoagglutination or hemolysis.
- To prevent air embolism, use a non-vented infusion set or close the vent on a vented set, avoid multiple connections, do not connect flexible containers in series, fully evacuate residual gas in the container prior to administration, do not pressurize the flexible container to increase flow rates, and if administration is controlled by a pumping device, turn off pump before the container runs dry.
- Prior to infusion, visually inspect the solution for particulate matter. The solution should be clear and there should be no precipitates. Do not administer unless solution is clear and container is undamaged.
- Use of a final filter is recommended during administration of parenteral solutions, where possible.

2.2 Recommended Dosage

The choice of the specific potassium chloride, sodium chloride, and dextrose concentrations, rate and volume depends on the age, weight, clinical and metabolic conditions of the patient and concomitant therapy. Electrolyte supplementation may be indicated according to the clinical needs of the patient.

The administration rate should be governed, especially for premature infants with low birth weight, during the first few days of therapy, by the patient's tolerance to dextrose.

Increase the infusion rate gradually as indicated by frequent monitoring of blood glucose concentrations [see Warnings and Precautions (5.1), Use in Specific Populations (8.4)].

2.3 Instructions for Use

<u>To Open</u>

- Do not remove container from overwrap until ready to use.
- Tear overwrap down side at slit and remove solution container.
- Visually inspect the container. Some opacity of the plastic due to moisture absorption during the sterilization process may be observed. This is normal and does not affect the solution quality or safety. The opacity will diminish gradually. Evaluate the following:
 - o If the outlet port protector is damaged, detached, or not present, discard container.
 - Check to ensure the solution is clear and there are no precipitates. Discard if there is a color change and/or the appearance of precipitates, insoluble complexes or crystals.
 - o Check for minute leaks by squeezing inner bag firmly. If leaks are found, discard container.

Preparation for Administration

- 1. Suspend container from eyelet support.
- 2. Remove protector from outlet port at bottom of container.
- 3. Attach administration set. Refer to complete directions accompanying set.

To Add Medication

- Additives may be incompatible. Complete information is not available. Do not use additives known or determined to be incompatible.
- Consult with pharmacist, if available. If, in the informed judgment of the healthcare provider, it is deemed advisable to introduce additives, use aseptic technique.
- When introducing additives, consult the instructions for use of the medication to be added and other relevant literature.
- Before adding a substance or medication, verify that it is soluble and/or stable in Potassium Chloride in Dextrose and Sodium Chloride Injection and that the pH range of Potassium Chloride in Dextrose and Sodium Chloride Injection is appropriate.

To Add Medication Before Solution Administration

- 1. Prepare medication site.
- 2. Using syringe with 19 to 22 gauge needle, puncture resealable medication port and inject.
- 3. Mix solution and medication thoroughly. For high density medication such as potassium chloride, squeeze ports while ports are upright and mix thoroughly.
- After addition, check to ensure the solution is clear and there are no precipitates. Discard if there is a color change and/or the appearance of precipitates, insoluble complexes or crystals.

To Add Medication During Solution Administration

- 1. Close clamp on the set.
- 2. Prepare medication site.
- Using syringe with 19 to 22 gauge needle, puncture resealable medication port and inject.
- 4. Remove container from IV pole and/or turn to an upright position.
- 5. Evacuate both ports by squeezing them while container is in the upright position.
- 6. Mix solution and medication thoroughly.
- 7. After addition, check to ensure the solution is clear and there are no precipitates. Discard if there is a color change and/or the appearance of precipitates, insoluble complexes or crystals, do not use.

<u>Storage</u>

- Use promptly; do not store solutions containing additives.
- Single-dose container.
- Discard any unused portion.

3 DOSAGE FORMS AND STRENGTHS

Potassium Chloride in Dextrose and Sodium Chloride Injection, USP are clear solutions in 500 mL and 1000 mL single-dose, flexible containers:

500 mL flexible container

- 10 mEq/500 mL Potassium Chloride, 5% Dextrose and 0.2% Sodium Chloride
- 10 mEq/500 mL Potassium Chloride, 5% Dextrose and 0.33% Sodium Chloride
- 10 mEq/500 mL Potassium Chloride, 5% Dextrose and 0.45% Sodium Chloride

<u>1000 mL flexible container</u>

- 20 mEq/L Potassium Chloride, 5% Dextrose and 0.2% Sodium Chloride
- 10 mEq/L Potassium Chloride, 5% Dextrose and 0.45% Sodium Chloride
- 20 mEq/L Potassium Chloride, 5% Dextrose and 0.45% Sodium Chloride
- 30 mEq/L Potassium Chloride, 5% Dextrose and 0.45% Sodium Chloride
- 40 mEq/L Potassium Chloride, 5% Dextrose and 0.45% Sodium Chloride
 20 mEn/L Potassium Chloride, 5% Dextrose and 0.0% Cardium Chloride
- 20 mEq/L Potassium Chloride, 5% Dextrose and 0.9% Sodium Chloride
 40 mEq/L Potassium Chlorida, 5% Dextrose and 0.9% Sodium Chlorida
- 40 mEq/L Potassium Chloride, 5% Dextrose and 0.9% Sodium Chloride

4 CONTRAINDICATIONS

Potassium Chloride in Dextrose and Sodium Chloride Injection is contraindicated in patients with:

- known hypersensitivity to potassium chloride, dextrose and/or sodium chloride [see Warnings and Precautions 5.1)]
- clinically significant hyperkalemia [see Warnings and Precautions (5.2)]
- clinically significant hyperglycemia [see Warnings and Precautions (5.3)]

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Hypersensitivity and infusion reactions, including anaphylaxis, have been reported with Potassium Chloride in Dextrose and Sodium Chloride Injection [see Adverse Reactions (6)]. Stop the infusion immediately if signs or symptoms of a hypersensitivity or infusion reaction develops [see Contraindications (4)]. Appropriate therapeutic countermeasures must be instituted as clinically indicated.

5.2 Hyperkalemia

Potassium-containing solutions, including Potassium Chloride in Dextrose and Sodium Chloride Injection may increase the risk of hyperkalemia. Hyperkalemia can be asymptomatic and manifest only by increased serum potassium concentrations and/or characteristic electrocardiographic (ECG) changes. Cardiac arrhythmias, some fatal, can develop at any time during hyperkalemia.

To avoid life threatening hyperkalemia, do not administer Potassium Chloride in Dextrose and Sodium Chloride Injection as an intravenous push (i.e., intravenous injection manually with a syringe connected to the intravenous access, without quantitative infusion device [see Dosage and Administration (2.1)].

Patients at increased risk of developing hyperkalemia and cardiac arrhythmias include those:

- with severe renal impairment, acute dehydration, extensive tissue injury or burns, and certain cardiac disorders such as congestive heart failure or AV block (especially if they receive digoxin).
- with hyperosmolality, acidosis, or undergoing correction of alkalosis (conditions associated with a shift of potassium from intracellular to extracellular space).
- treated concurrently or recently with agents or products that can cause or increase the risk of hyperkalemia [see Drug Interactions (7.1)].

Avoid use of Potassium Chloride in Dextrose and Sodium Chloride Injection in patients with, or at risk for, hyperkalemia. If use cannot be avoided, use a product with a low amount of potassium chloride, infuse slowly and monitor serum potassium concentrations and ECGs.

5.3 Hyperglycemia and Hyperosmolar Hyperglycemic State

The use of dextrose infusions in patients with impaired glucose tolerance may worsen hyperglycemia. Administration of dextrose at a rate exceeding the patient's utilization rate may lead to hyperglycemia, coma, and death.

Hyperglycemia is associated with an increase in serum osmolality, resulting in osmotic diuresis, dehydration and electrolyte losses [see Warnings and Precautions (5.6)]. Patients with underlying central nervous system disease and renal impairment who receive dextrose infusions, may be at greater risk of developing hyperosmolar hyperglycemic state.

Monitor blood glucose concentrations and treat hyperglycemia to maintain concentrations within normal limits while administering Potassium Chloride in Dextrose and Sodium Chloride Injection. Insulin may be administered or adjusted to maintain optimal blood glucose concentrations.

5.4 Hyponatremia

Potassium Chloride in Dextrose and Sodium Chloride Injection is a hypertonic solution [see Description, Table 1 (11)]. In the body, however, glucose containing fluids can become extremely physiologically hypotonic due to rapid glucose metabolization. Monitoring of serum sodium is particularly important for hypotonic fluids.

Depending on the tonicity of the solution, the volume and rate of infusion, and depending on a patient's underlying clinical condition and capability to metabolize glucose, intravenous administration of glucose can cause electrolyte disturbances, most importantly hypo- or hyperosmotic hyponatremia.

The risk for hyponatremia is increased, in pediatric patients, elderly patients, postoperative patients, those with psychogenic polydipsia and in patients treated with medications that increase the risk of hyponatremia (such as certain diuretic, antiepileptic and psychotropic medications). Close clinical monitoring may be warranted.

Acute hyponatremia can lead to acute hyponatremic encephalopathy characterized by headache, nausea, seizures, lethargy and vomiting. Patients with brain edema are at particular risk of severe, irreversible and life-threatening brain injury. Patients at increased risk for developing complications of hyponatremia, such as hyponatremic encephalopathy include pediatric patients; women, in particular, premenopausal women; patients with hypoxemia; and in patients with underlying central nervous system disease [see Use in Specific Populations (8.4, 8.5)].

Avoid solutions with less than 0.9% Sodium Chloride in patients with or at risk for hyponatremia. If use cannot be avoided, monitor serum sodium concentrations.

Rapid correction of hyponatremia is potentially dangerous with risk of serious neurologic complications such as osmotic demyelination syndrome with risk of seizures and cerebral edema. To avoid complications, monitor serum sodium and chloride concentrations, fluid status, acid-base balance, and signs of neurologic complications.

High volume infusion must be used with close monitoring in patients with cardiac or pulmonary failure, and in patients with non-osmotic vasopressin release (including SIADH), due to the risk of hospital-acquired hyponatremia.

5.5 Hypernatremia and Hyperchloremia

Electrolyte imbalances such as hypernatremia and hyperchloremia, leading to metabolic acidosis may occur with solutions containing 0.9% Sodium Chloride.

Conditions that may increase the risk of hypernatremia, fluid overload and edema (central and peripheral), include patients with pre-eclampsia, primary hyperaldosteronism and secondary hyperaldosteronism associated with, for example, hypertension, congestive heart failure, severe renal insufficiency, liver disease (including cirrhosis), and renal disease (including renal artery stenosis, nephrosclerosis).

Medications such as corticosteroids or corticotropin, may increase the risk of sodium and fluid retention.

Avoid in patients with or at risk for hypernatremia. If use cannot be avoided, monitor serum sodium concentrations.

Rapid correction of hypernatremia is potentially dangerous with risk of serious neurologic complications. Excessively rapid correction of hypernatremia is also associated with a risk for serious neurologic complications such as osmotic demyelination syndrome (ODS) with risk of seizures and cerebral edema.

5.6 Fluid Overload

Depending on the volume and rate of infusion, the patient's underlying clinical condition and capability to metabolize dextrose, intravenous administration of Potassium Chloride in Dextrose and Sodium Chloride Injection can cause fluid and/or solute overloading resulting in dilution of serum electrolyte concentrations, overhydration, congested states or pulmonary edema. Avoid Potassium Chloride in Dextrose and Sodium Chloride Injection in patients with or at risk for fluid and/or solute overloading. If use cannot be avoided, monitor fluid balance, electrolyte concentrations, and acid-base balance as needed and especially during prolonged use.

5.7 Refeeding Syndrome

Refeeding severely undernourished patients may result in the refeeding syndrome that is characterized by the shift of potassium, phosphorus, and magnesium intracellularly as the patient becomes anabolic. Thiamine deficiency and fluid retention may also develop. To prevent these complications, monitor severely undernourished patients and slowly increasing nutrient intake.

6 ADVERSE REACTIONS

The following adverse reactions associated with the use of Potassium Chloride in Dextrose and Sodium Chloride Injection were identified in postmarketing reports. Because these reactions were reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

The following clinically significant adverse reactions are described elsewhere in the labeling:

- *Hypersensitivity Reactions*: anaphylaxis, rash and pruritus [see Warnings and Precautions (5.1)].
- *Metabolism and Nutrition Disorders*: hyperkalemia [see Warnings and Precautions (5.2)], hyperglycemia and hyperosmolar hyperglycemic state [see Warnings and Precautions (5.3)], hyponatremia and hyponatremic encephalopathy [see Warnings and Precautions (5.4)], fluid overload [see Warnings and Precautions (5.6)] and refeeding syndrome [see Warnings and Precautions (5.2)]. Hypernatremia and hyperchloremia acidosis [see Warnings and Precautions (5.5)] have been observed in solutions containing 0.9% sodium chloride.
- Cardiac Disorder: cardiac arrest as a manifestation of rapid intravenous administration and/or of hyperkalemia [see Warnings and Precautions (5.2)].
- Infusion Site Reactions: injection site vesicles, extravasation, venous thrombosis or phlebitis, infusion site pain.

7 DRUG INTERACTIONS

7.1 Other Products that Cause Hyperkalemia

Administration of Potassium Chloride in Dextrose and Sodium Chloride Injection in patients treated concurrently or recently with other products that can cause hyperkalemia or increase the risk of hyperkalemia (e.g., potassium-sparing diuretics, angiotensin-converting enzyme inhibitors, angiotensin receptor blockers) increases the risk of severe and potentially fatal hyperkalemia, in particular in the presence of other risk factors for hyperkalemia [see Warnings and Precautions (5.2)]. Avoid use of Potassium Chloride in Dextrose and Sodium Chloride Injection in patients receiving such products. If use cannot be avoided, monitor serum potassium concentrations.

7.2 Lithium

Renal sodium and lithium clearance may be increased during administration of Potassium Chloride in Dextrose and Sodium Chloride Injection resulting in decreased serum lithium concentrations. Monitor serum lithium concentrations during concomitant use.

7.3 Other Products that Affect Glycemic Control, Vasopressin or Fluid and/or Electrolyte Balance

Potassium Chloride in Dextrose and Sodium Chloride Injection can affect glycemic control, vasopressin and fluid and/or electrolyte balance [see Warnings and Precautions (5.3, 5.4, 5.5, 5.6)]. Monitor blood glucose concentrations, fluid balance, serum electrolyte concentrations and acid-base balance when using Potassium Chloride in Dextrose and Sodium Chloride Injection in patients treated with other substances that affect glycemic control, vasopressin or fluid and/or electrolyte balance.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Appropriate administration of Potassium Chloride in Dextrose Sodium Chloride Injection during pregnancy is not expected to cause adverse developmental outcomes, including congenital malformations. Animal reproduction studies have not been conducted with Potassium Chloride in Dextrose Sodium Chloride Injection.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

8.2 Lactation

Risk Summary

Sodium and potassium are present in human breast milk. There are no data on the effects of Potassium Chloride in Sodium Chloride and Glucose on a breastfed infant or the effects on milk production.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Potassium Chloride in Dextrose and Sodium Chloride Injection and any potential adverse effects on the breastfed infant from Potassium Chloride in Dextrose and Sodium Chloride Injection or from the underlying maternal condition.

8.4 Pediatric Use

The safety profile of Potassium Chloride in Dextrose and Sodium Chloride Injection in pediatric patients is similar to adults.

Neonates, especially premature infants with low birth weight, are at increased risk of developing hypo- or hyperglycemia and therefore need close monitoring during treatment with intravenous glucose solutions to ensure adequate glycemic control in order to avoid potential long term adverse effects.

Closely monitor plasma electrolyte concentrations in pediatric patients who may have impaired ability to regulate fluids and electrolytes. In very low birth weight infants, excessive or rapid administration of Potassium Chloride in Dextrose and Sodium Chloride Injection may result in increased serum osmolality and risk of intracerebral hemorrhage.

Children (including neonates and older children) are at increased risk of developing hyponatremia as well as for developing hyponatremic encephalopathy.

8.5 Geriatric Use

Clinical studies of Potassium Chloride in Dextrose and Sodium Chloride Injection did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

Elderly patients are at increased risk of developing hyponatremia as well as for developing hyponatremic encephalopathy [see Warnings and Precautions (5.4)]. Potassium Chloride in Dextrose and Sodium Chloride Injection is known to be substantially excreted by the kidney, and the risk of adverse reactions to this product may be greater in patients with impaired renal function [see Warnings and Precautions (5.2)].

Dose selection for an elderly patient should be cautious, starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

8.6 Renal Impairment

Administration of Potassium Chloride in Dextrose and Sodium Chloride Injection in patients with renal impairment may result in hyponatremia, hyperkalemia and/or fluid overload. Monitor patients with renal impairment for development of these adverse reactions [see Warnings and Precautions (5.2, 5.5, 5.6)].

10 OVERDOSAGE

An increased infusion rate of Potassium Chloride in Dextrose and Sodium Chloride Injection can cause:

<u>Hyperkalemia</u>

• Manifestations of hyperkalemia may include:

- o disturbances in cardiac conduction and arrhythmias, including bradycardia, heart block, asystole, ventricular tachycardia, ventricular fibrillation,
- o hypotension,
- o muscle weakness up to and including muscular and respiratory paralysis, paresthesia of extremities,
- o gastrointestinal symptoms (ileus, nausea, vomiting, abdominal pain)

The presence of any ECG findings that are suspected to be caused by hyperkalemia should be considered a medical emergency.

If hyperkalemia is present or suspected, discontinue the infusion immediately and institute close ECG, laboratory and other monitoring and, as necessary, corrective therapy to reduce serum potassium concentrations [see Warnings and Precautions (5.2)].

Other Electrolyte and Fluid Disorders

- hyponatremia, manifestations may include seizures, coma, cerebral edema and death).
- hypernatremia, especially in patients with severe renal impairment.
- fluid overload (which can lead to central and/or peripheral edema).
- Hyperglycemia, hyperosmolality, and adverse effects on water and electrolyte balance, and corresponding complications, which can be fatal [see Warnings and Precautions (5.3, 5.6)].

Interventions include discontinuation of the infusion, dose reduction, monitoring of fluid balance, electrolyte concentrations and acid-base balance and institution of appropriate corrective measures such as administration of exogenous insulin.

11 DESCRIPTION

Potassium Chloride in Dextrose and Sodium Chloride Injection, USP is a sterile, nonpyrogenic solution for fluid and electrolyte replenishment and caloric supply in a single dose container for intravenous administration. It contains no antimicrobial agents. Composition, osmolarity, pH, ionic concentration and caloric content are shown in Table 1.

Table 1	mEq			Compo	sition (g/L))			Ionic Conc (mEc		n
	Potassium/container size	Size (mL)	** Dextrose Hydrous, USP	Sodium Chloride, USP (NaCl)	Potassium Chloride, USP (KCl)	*Osmolarity (mOsmol/L) (calc.)		Sodium	Potassium	Chloride	Caloric Content (kCal/L)
Potassium Chloride in 5% Dextrose		1000	50	2	1.5	501	4.5 (3.5 to 6.5)	54	20	54	170
and 0.2% Sodium Chloride Injection, USP	10 mEq/500 mL	500	50	2	1.5	501	4.5 (3.5 to 6.5)	54	20	54	170
Potassium Chloride in 5% Dextrose and 0.33% Sodium Chloride Injection, USP		500	50	3.3	1.5	405	4.5 (3.5 to 6.5)	50	20	76	170
	10 mEq/L	1000	50	4.5	0.75	420	4.5 (3.5 to 6.5)	//	10	87	170
Potassium Chloride in	ZU (DE0/)	1000	50	4.5	1.5		4.5 (3.5 to		20	97	170

Table 1

5%							6.5)				
Dextrose and 0.45% Sodium	10 mEq/500 mL	500	50	4.5	1.5	447	4.5 (3.5 to 6.5)	77	20	97	170
Chloride Injection, USP	30 mEq/L	1000	50	4.5	2.24	466	4.5 (3.5 to 6.5)	77	30	107	170
	40 mEq/L	1000	50	4.5	3	487	4.5 (3.5 to 6.5)	77	40	117	170
Potassium Chloride in 5% Dextrose and 0.9% Sodium Chloride Injection, USP	20 mEq/L	1000	50	9	1.5	601	4.5 (3.5 to 6.5)	154	20	174	170
0.9% Sodium Chloride Injection, USP	40 mEq/L	1000	50	9	3	641	4.5 (3.5 to 6.5)	154	40	194	170

* Normal physiologic osmolarity range is approximately 280 to 310 mOsmol/L.

WW OH . H20 D-Glucose monohydrate

Dextrose is derived from corn.

The VIAFLEX Plus plastic container is fabricated from a specially formulated polyvinyl chloride (PL 146 Plastic). VIAFLEX Plus on the container indicates the presence of a drug additive in a drug vehicle. The VIAFLEX Plus plastic container system utilizes the same container as the VIAFLEX plastic container system. The amount of water that can permeate from inside the container into the overwrap is insufficient to affect the solution significantly. Solutions in contact with the plastic container can leach out certain of its chemical components in very small amounts within the expiration period, e.g., di-2-ethylhexyl phthalate (DEHP), up to 5 parts per million. However, the safety of the plastic has been confirmed in tests in animals according to USP biological tests for plastic containers as well as by tissue culture toxicity studies.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Potassium Chloride in Dextrose and Sodium Chloride Injection is a source of water, electrolytes and calories. It is capable of inducing diuresis depending on the clinical condition of the patient.

16 HOW SUPPLIED/STORAGE AND HANDLING

Potassium Chloride in Dextrose and Sodium Chloride Injection, are clear solutions in 500 mL and 1000 mL single-dose, flexible containers available as follows:

Code	Size (mL)	-	mEq Potassium	Product Name

2B1614 2B1613	1000 500	0338-0663-04 0338-0663-03	20 mEq/L 10 mEq/L	Potassium Chloride in 5% Dextrose and 0.2% Sodium Chloride Injection, USP
2B1473	500	0338-0603-03	10 mEq/L	Potassium Chloride in 5% Dextrose and 0.33% Sodium Chloride Injection, USP
2B1644	1000	0338-0669-04	10 mEq/L	
2B1654	1000	0338-0671-04	20 mEq/L	Potassium Chloride in 5%
2B1653	500	0338-0671-03	10 mEq/L	Dextrose and 0.45%
2B1664	1000	0338-0673-04	30 mEq/L	Sodium Chloride Injection, USP
2B1674	1000	0338-0675-04	40 mEq/L	
2B2434	1000	0338-0803-04	20 mEq/L	Potassium Chloride in 5% Dextrose and
2B2454	1000	0338-0807-04	40 mEq	0.9% Sodium Chloride Injection, USP

<u>Storage</u>: Avoid excessive heat. Store at room temperature (25°C); brief exposure up to 40°C does not adversely affect the product.

17 PATIENT COUNSELING INFORMATION

Inform patients, caregivers or home healthcare providers of the following risks of Potassium Chloride in Dextrose and Sodium Chloride Injection:

- Hypersensitivity Reactions [see Warnings and Precautions (5.1)]
- Hyperkalemia [see Warnings and Precautions (5.2)]
- Hyperglycemia and hyperosmolar hyperglycemic state [see Warnings and Precautions (5.3)]
- Hyponatremia [see Warnings and Precautions (5.4)]
- Hypernatremia and hyperchloremia [see Warnings and Precautions (5.5)]
- Fluid overload [see Warnings and Precautions (5.6)]
- Refeeding syndrome [see Warnings and Precautions (5.7)]

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Deerfield, IL 60015 USA Printed in USA

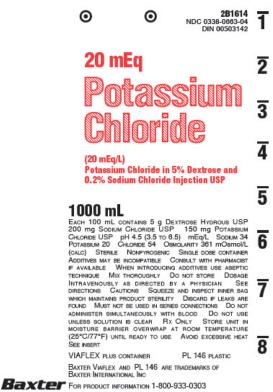
Distributed in Canada by Baxter Corporation Mississauga, ON L5N 0C2

07-19-75-361

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PACKAGE/LABEL PRINCIPAL DISPLAY PANEL

EXP



BAXTER HEALTHCARE CORPORATION DEERFIELD IL 60015 USA MADE IN USA

Container Label

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Container Label

2B1614 NDC 0338-0663-04 DIN 00503142

20 mEq

Potassium Chloride

(20 mEq/L) Potassium Chloride in 5% Dextrose and 0.2% Sodium Chloride Injection USP

1000 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 200 mg SODIUM CHLORIDE USP 150 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 34 POTASSIUM 20 CHLORIDE 54 OSMOLARITY 361 mOsmol/L (CALC) STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT ADMINISTER SIMULTANEOUSLY WITH BLOOD DO NOT USE UNLESS SOLUTION IS CLEAR RX ONLY STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

VIAFLEX PLUS CONTAINER

PL 146 PLASTIC

BAXTER VIAFLEX AND PL 146 ARE TRADEMARKS OF

BAXTER INTERNATIONAL INC

FOR PRODUCT INFORMATION 1-800-933-0303

Baxter logo **BAXTER HEALTHCARE CORPORATION** DEERFIELD IL 60015 USA

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EXP



500 mL Each 100 mL contains 5 g Dextrose Hydrous USP 330 mg Sodium Chloride USP 150 mg Potassium Chloride USP pH 4.5 (3.5 to 6.5) mEq/L Sodium 56 Potassium 20 Chloride 76 Hypertonic Osmolarity 405 mOsmol/L (calc) Sterile Nonpyrogenic Single Dose container Additives may be incompatible Consult with pharmacist if available When INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS clear Rx Only Store unit in moisture barrier overwrap at room temperature $(25^{\circ}C/77^{\circ}F)$ until ready to use. Avoid excessive HEAT SEE INSERT VIAFLEX PLUS CONTAINER PL 146 PLASTIC

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FOR PRODUCT INFORMATION 1-800-933-0303

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Container Label

LOT

EXP

2B1473 NDC 0338-0603-03 DIN 00786241

10 mEq

Potassium Chloride

(20 mEq/L) Potassium Chloride in 5% Dextrose and 0.33% Sodium Chloride Injection USP

500 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 330 mg SODIUM CHLORIDE USP 150 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 56 POTASSIUM 20 CHLORIDE 76 HYPERTONIC OSMOLARITY 405 mOsmol/L (CALC) STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR **Rx ONLY** STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

VIAFLEX PLUS CONTAINER

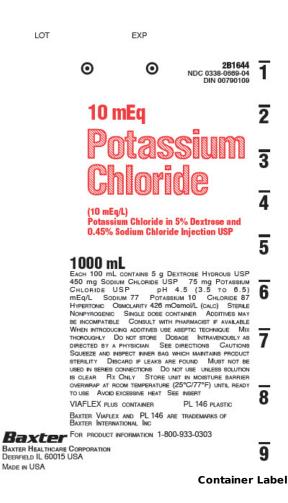
PL 146 PLASTIC

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Container Label

LOT

EXP

2B1644 NDC 0338-0669-04 DIN 00790109

10 mEq

Potassium Chloride

(10 mEq/L)

Potassium Chloride in 5% Dextrose and 0.45% Sodium Chloride Injection USP

1000 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 450 mg SODIUM CHLORIDE USP 75 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 77 POTASSIUM 10 CHLORIDE 87 HYPERTONIC OSMOLARITY 426 mOsmol/L (CALC) STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR RX ONLY STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

VIAFLEX PLUS CONTAINER

PL 146 PLASTIC

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2B1653 NDC 0338-0671-03 DIN 00437999



3

0.45% Sodium Chloride Injection USP

500 mL

Each 100 mL contains 5 g Dextrose Hydrous USP 450 mg Sodium Chloride USP 150 mg Potassium Chloride USP pH 4.5 (3.5 to 6.5) mEq/L Sodium 77 Potassium 20 Chloride 97 Hydrettonic Osmolarity 447 mOsmol/ (calc) Sterile Nonpyrogenic Single Dose container Additives may be incompatible Consult with Pharmacist if available When introducing additives use aseptic technique Mix thoroughly Do not store Dosage Intravenously as directed by a physician See directions Cautions Soureze and inspect inner bag which maintains product sterility Discard if Leaks are found Must not be used in series connections Do not use unless solution is clear Rx Only Store unit in moisture barrier overwrap at room temperature $(25^{\circ}C/77^{\circ}F)$ until ready to use Avoid excessive heat See insert



BAXTER HEALTHCARE CORPORATION DEERFIELD IL 60015 USA MADE IN USA DISTRIBUTED IN CANADA BY BAXTER CORPORATION MISSISSAUGA ON L5N 0C2 VIAFLEX PLUS CONTAINER PL 146 PLASTIC FOR PRODUCT INFORMATION 1-800-933-0303

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Container Label

Container Label

2B1653 NDC 0338-0671-03 DIN 00437999

10 mEq

Potassium Chloride

(20 mEq/L) Potassium Chloride in 5% Dextrose and 0.45% Sodium Chloride Injection USP

500 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 450 mg SODIUM CHLORIDE USP 150 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 77 POTASSIUM 20 CHLORIDE 97 HYPERTONIC OSMOLARITY 447 mOsmol/L (CALC) STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR **Rx ONLY** STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

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- LOT EXP 2B1664 NDC 0338-0673-04 DIN 00786284 Ο Θ 1 30 mEa 2 3 4 (30 mEq/L) Potassium Chloride in 5% Dextrose and 0.45% Sodium Chloride Injection USP 5 1000 mL **10000 mL** EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 450 mg SODIW CHLORIDE USP 224 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 to 6.5) mEq/L SCOLW 77 POTASSIM 30 CHLORIDE 107 HYPERTONE O'SMOLARITY 466 mO'SmOl/L (CALC) STERILE NON-YROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIELE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIN HINGROUGHLY DD NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INFER BAG WHICH MANTAINS PRODUCI STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR RX ONLY STORE UNTIN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL FRADY TO USE AVOID EXCESSIVE HEAT SEE INSBRT VIAFLEX PLUS CONTAINER PL 146 PLASTC 6 7 8 VIAFLEX PLUS CONTAINER PL 146 PLASTIC BAXTER VIAFLEX AND PL 146 ARE TRADEMARKS OF BAXTER INTERNATIONAL INC FOR PRODUCT INFORMATION 1-800-933-0303

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Container Label

LOT

EXP

2B1664 NDC 0338-0673-04 DIN 00786284

30 mEq

Potassium Chloride

(30 mEq/L) Potassium Chloride in 5% Dextrose and 0.45% Sodium Chloride Injection USP

1000 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 450 mg SODIUM CHLORIDE USP 224 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L

SODIUM 77 POTASSIUM 30 CHLORIDE 107 HYPERTONIC OSMOLARITY 466 mOsmol/L (CALC) STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR **Rx ONLY** STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

VIAFLEX PLUS CONTAINER PL 146 PLASTIC

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FOR PRODUCT INFORMATION 1-800-933-0303

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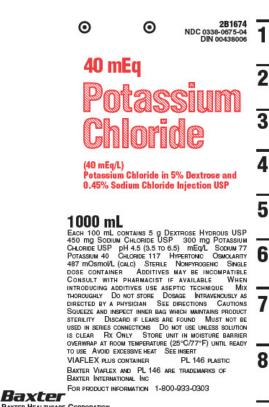
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Container Label

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Container Label

LOT

EXP

2B1674 NDC 0338-0675-04 DIN 00438006

40 mEq

Potassium Chloride

(40 mEq/L) Potassium Chloride in 5% Dextrose and 0.45% Sodium Chloride Injection USP

1000 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 450 mg SODIUM CHLORIDE USP 300 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 77 POTASSIUM 40 CHLORIDE 117 HYPERTONIC OSMOLARITY 487 mOsmol/L (CALC) STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR Rx ONLY STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

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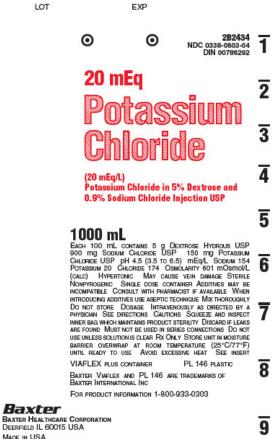
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Container Label

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EXP

2B2434 NDC 0338-0803-04 DIN 00786292

20 mEq Potassium Chloride

(20 mEq/L)

Potassium Chloride in 5% Dextrose and 0.9% Sodium Chloride Injection USP

1000 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 900 mg SODIUM CHLORIDE USP 150 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 154 POTASSIUM 20 CHLORIDE 174 OSMOLARITY 601 mOsmol/L (CALC) HYPERTONIC MAY CAUSE VEIN DAMAGE STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR Rx ONLY STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

VIAFLEX PLUS CONTAINER PL 146 PLASTIC

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FOR PRODUCT INFORMATION 1-800-933-0303

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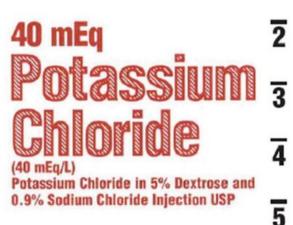
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1000 mL

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EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 900 mg Sorium Chloride USP 300 mg Potassium Chloride USP pH 4.5 (3.5 to 6.5) mEq/L Sodium 154 Potassium 40 Chloride 194 Osmolarity 641 mOsmol/L (calc) Hypertonic May cause ven damage Sterile Nonpyrogenic Single dose container Adomives may be incompatible Consult with pharmacist if available When introducing additives use aseptic technique Mix thoroughly Do not store Dosage Intravencusly as chected by a physician See infections Cautions Squeeze and inspect inner bag which maintains product steriluty Discard if leaks are found. Must not be used in scribes connections. Do not use unless solution is clear RX ONLY Store unit in moistupe Barrier overwarp at room temperature (25°C/77°F) until ready to use. Avoid excessive heat. See insert

VIAFLEX PLUS CONTAINER PL 146 PLASTIC

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FOR PRODUCT INFORMATION 1-800-933-0303

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LOT EXP

2B2454 NDC 0338-0807-04 DIN 00786306

40 mEq Potassium Chloride

(40 mEq/L) Potassium Chloride in 5% Dextrose and 0.9% Sodium Chloride Injection USP

1000 mL

EACH 100 mL CONTAINS 5 g DEXTROSE HYDROUS USP 900 mg SODIUM CHLORIDE USP 300 mg POTASSIUM CHLORIDE USP pH 4.5 (3.5 TO 6.5) mEq/L SODIUM 154 POTASSIUM 40 CHLORIDE 194 OSMOLARITY 641 mOsmol/L (CALC) HYPERTONIC MAY CAUSE VEIN DAMAGE STERILE NONPYROGENIC SINGLE DOSE CONTAINER ADDITIVES MAY BE INCOMPATIBLE CONSULT WITH PHARMACIST IF AVAILABLE WHEN INTRODUCING ADDITIVES USE ASEPTIC TECHNIQUE MIX THOROUGHLY DO NOT STORE DOSAGE INTRAVENOUSLY AS DIRECTED BY A PHYSICIAN SEE DIRECTIONS CAUTIONS SQUEEZE AND INSPECT INNER BAG WHICH MAINTAINS PRODUCT STERILITY DISCARD IF LEAKS ARE FOUND MUST NOT BE USED IN SERIES CONNECTIONS DO NOT USE UNLESS SOLUTION IS CLEAR **Rx ONLY** STORE UNIT IN MOISTURE BARRIER OVERWRAP AT ROOM TEMPERATURE (25°C/77°F) UNTIL READY TO USE AVOID EXCESSIVE HEAT SEE INSERT

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DEERFIELD IL 60015 USA

MADE IN USA

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POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE

potassium chloride, dextrose monohydrate and sodium chloride injection, solution

Pro	oduct Infor	mation					
Pro	duct Type		HUMAN PRESCRIPTION DRUG	ltem Code (Source)	NDC	0338-0663
Rou	ite of Admini	stration	INTRAVENOUS				
Act	ive Ingredi	ent/Active	Moiety				
		Ing	gredient Name		Basi: Strer		Strength
			YQ98I10) (POTASSIUM CATION - UNII:Q32ZN48698)		POTAS SIL CHLORIDE		150 mg in 100 mL
	TROSE MONO 5SL0G7R0OK)	HYDRATE (UNII	: LX22YL083G) (ANHYDROUS DEXT	ROSE -	DEXTROS	-	5 g in 100 mL
	IUM CHLORID DRIDE ION - UNI		IQ8X) (SODIUM CATION - UNII:LYR4	IMONH37,	SODIUM CHLORIDE	:	200 mg in 100 mL
Ina	ctive Ingre	dients					
		Ing	redient Name			Streng	th
WAT	ER (UNII: 059Q	F0KO0R)					
Pac	kaging						
#	ltem Code	Pa	ckage Description	Marketing Date			eting End Date
1 N	DC:0338-0663- 3	500 mL in 1 B Product	AG; Type 0: Not a Combination	02/02/1979			
2 N	DC:0338-0663- 4	1000 mL in 1 E Product	BAG; Type 0: Not a Combination	02/02/1979			
Ma	rketing	Informat	ion				
	-						

Marketing	Application Number or Monograph	Marketing Start	Marketing End
Category	Citation	Date	Date
NDA	NDA018037	02/02/1979	

Product Infor	mation						
Product Type		HUMAN PRESCRIPTION DRUG	Item Code	(Source)	NDO	C:0338-0603	
Route of Admini	istration	INTRAVENOUS					
Active Ingred	ient/Active	Moiety					
	Ing	gredient Name		Basis Stren		Strength	
POTASSIUM CHLO UNII:295053K152, C		YQ98I10) (POTASSIUM CATION - UNII:Q32ZN48698)		POTAS SIUI CHLORIDE	M	150 mg in 100 mL	
DEXTROSE MONO UNII:5SL0G7R0OK)	HYDRATE (UNI	I: LX22YL083G) (ANHYDROUS DE>	TROSE -	DEXTROSE MONOHYD		5 g in 100 mL	
SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, SODIUM CHLORIDE ION - UNII:Q32ZN48698) CHLORIDE					330 mg in 100 mL		
Inactive Ingre		redient Name		c	Strend	ath	
Unactive Ingre	Ing	redient Name		5	Streng	gth	
WATER (UNII: 059C	Ing	redient Name		5	Streng	gth	
WATER (UNII: 0590	Ing QFOKOOR)		Marketing				
WATER (UNII: 059C	Ing QFOKOOR)	redient Name ckage Description	Marketing Date) Start		gth <eting end<br="">Date</eting>	
WATER (UNII: 0590 Packaging # Item Code	Ing SFOKOOR) Pa) Start		ceting End	
Packaging # Item Code 1 NDC:0338-0603-	Ing (FOKOOR) Pa 500 mL in 1 B	ckage Description	Date) Start		ceting End	
WATER (UNII: 0590 Packaging # Item Code 1 NDC:0338-0603- 03	FOKOOR) POKOOR Pa 500 mL in 1 B Product	ckage Description AG; Type 0: Not a Combination	Date) Start		ceting End	
WATER (UNII: 0590 Packaging # Item Code 1 NDC:0338-0603-	Ing PFOKOOR) Pau 500 mL in 1 B Product in 1 B	ckage Description AG; Type 0: Not a Combination	Date 03/23/1982	Start	Mark	ceting End	

	kago Description	Marketing	Start M	1arke	ting End
Packaging					
WATER (UNII: 059QF0KO0R)					
Ing	redient Name		St	rengt	h
Inactive Ingredients					
SODIUM CHLORIDE (UNII: 451W47 CHLORIDE ION - UNII:Q32ZN48698)	IQ8X) (SODIUM CATION - UNII:LYR4	M0NH37,	SODIUM CHLORIDE		450 mg in 100 mL
DEXTROSE MONOHYDRATE (UNII UNII:55L0G7R0OK)	: LX22YL083G) (ANHYDROUS DEXTR	ROSE -	DEXTROSE MONOHYDRA	TE	5 g in 100 mL
POTASSIUM CHLORIDE (UNII: 660 UNII:295053K152, CHLORIDE ION -			POTAS SIUM CHLORIDE		75 mg in 100 mL
Ing	redient Name		Basis o Strengt		Strengt
Active Ingredient/Active	Moiety				
Route of Administration	INTRAVENOUS				
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:	0338-0669
Product Information					

INDC:0338-0669 1000 mL in 1 BAG; Type 0: Not a Combination Date Date Marketing Category Application Number or Monograph Category Marketing Start Date Marketing Start Date Marketing End Date VDA NDA018008 02/02/1979 Marketing Start Date Marketing End Date POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE otassium chloride, dextrose monohydrate and sodium chloride injection, solution NDC:0338-0671 Product Type Route of Administration INTRAVENOUS Item Code (Source) NDC:0338-0671 Route of Administration INTRAVENOUS Strength Strength Active Ingredient/Active Moiety Ingredient Name POTASSIUM CHLORIDE (UNI: 660Y09810) (POTASSUM CATION - NIN:530067800K) POTASSIUM CHLORIDE (UNI: 451WP7/08X) (SODIUM CATION - NIN:53067800K) SODIUM CHLORIDE (UNI: 451WP7/08X) (SODIUM CATION - NIN:530677800K) SODIUM CHLORIDE (UNI: 451WP7/08X) (SODIUM CATION - NIN:530677800K) SODIUM CHLORIDE (UNI: 451WP7/08X) (SODIUM CATION - NIN:530677800K) Marketing End Date PACkaging (HLORIDE IN EXAMPTICE IN EXAMPTICE IN EXAMPTICE IN EXAMPTICE							
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POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE otassium chloride, dextrose monohydrate and sodium chloride injection, solution Product Information Product Type HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:0338-0671 Route of Administration INTRAVENOUS Resis of Strength Strength Active Ingredient/Active Molety Ingredient Name Brasis of Strength 150 mg POTASSUM CHLORDE (UNIK 660Y09810) (POTASSUM CATION - UNIK-2922/N48961) POTASSUM CHLORDE (UNIK 660Y09810) (POTASSUM CATION - CHLORIDE - UNIK-1922/N48698) POTASSUM CHLORDE (UNIK 660Y09810) (POTASSUM CATION - UNIK-1922/N48698) In 300 mL SobUM CHLORDE (UNIK 560Y09810) (SODIUM CATION - UNIK-1922/N48698) POTASSUM CHLORDE (UNIK 551W47/0RX) (SODIUM CATION - UNIK-1978 MONH37, SODIUM CHLORIDE (UNIK 532W47/0RX) (SODIUM CATION - UNIK-1978 MONH37, SODIUM CHLORIDE Strength Inactive Ingredients Ingredient Name Strength WATER (UNIK: 0590F0KOOR) Ingredient Name Strength Packaging Ingredient Name Q2/02/1979 VAC:0338-0671 1000 mL in 1 BAS; Type 0: Not a Combination Q2/02/1979 Q2/02/1979 Packaging Ingredient Name or Monograph Or Marketing Start Date Marketing End Date Marketing Information Q2/02/1979 Q2/02/1979 Date <th></th> <th></th> <th></th> <th></th> <th>ē</th> <th></th> <th>Date</th>					ē		Date
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Product Type HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:0338-0671 Route of Administration INTRAVENOUS Basis of Strength Strength Active Ingredient/Active Moiety Basis of Strength Strength Strength POTASSIUM CHLORIDE (UNII: 6070998100 (POTASSIUM CATION - DINI:93053K325, CHLORIDE (ION - UNII: 2322N48698) POTASSIUM CHLORIDE ISO mg In 100 mL PSTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, SODIUM CHLORIDE (UNII: 059QF0KO0R) Marketing Start Date Marketing End Date Packaging Ingredient Name Strength Marketing End Date Date							DE
Product Type HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:0338-0671 Route of Administration INTRAVENOUS Basis of Strength Strength Active Ingredient/Active Moiety Basis of Strength Strength Strength POTASSIUM CHLORIDE (UNII: 6070998100 (POTASSIUM CATION - DINI:93053K325, CHLORIDE (ION - UNII: 2322N48698) POTASSIUM CHLORIDE ISO mg In 100 mL PSTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, SODIUM CHLORIDE (UNII: 059QF0KO0R) Marketing Start Date Marketing End Date Packaging Ingredient Name Strength Marketing End Date Date							
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Ingredient Name Basis of Strength Strength POTASSIUM CHLORIDE (UNII: 660YQ98I10) (POTASSIUM CATION - DOTASSIUM CHLORIDE ION - UNII:0322X48698) POTASSIUM 150 mg in 100 mL POTASSIUM CHLORIDE ION - UNII:0322X48698) DEXTROSE - MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - DEXTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - DIDUC CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE ION - UNII:032ZX48698) DEXTROSE in 100 mL SoDIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE ION - UNII:032ZX48698) Soling CHLORIDE (HLORIDE ION - UNII:032ZX48698) Soling CHLORIDE in 100 mL Inactive Ingredients Ingredient Name Strength ATER (UNII: 059QF0KOOR) Strength Marketing Start Date Marketing End Date Packaging Indoord 1 BAG; Type 0: Not a Combination 02/02/1979 02/02/1979 V * Item Code 1 NDC:0338-0671- 03 Package Description 1 BAG; Type 0: Not a Combination 02/02/1979 02/02/1979 Warketing Information Category Application Number or Monograph Citation Marketing Start Date Marketing End Date NDA018008 02/02/1979 V V	Route of Admini	stration	INTRAVENOUS				
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Sorrength Strength OptAssium CHLORIDE (UNII: 660Y098110) (POTASSIUM CATION - JNII:295053K152, CHLORIDE ION - UNII:0322 N48698) POTASSIUM CHLORIDE DEXTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - JNII:250.067R00K) DEXTROSE 5 g MONOHYDRATE SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE ION - UNII:Q32ZN48698) SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE SODIUM 450 mg CHLORIDE Inactive Ingredients Ingredient Name Strength MARKeting Start 044 Package Description Product Marketing Start Date Marketing End Date 1 NDC:0338-0671- 0338-0671- 0338-0671- 0338-0671- 0338-0671- 03 Dom Lin 1 BAG; Type 0: Not a Combination Product 02/02/1979 Marketing Information Category Marketing Start Date Marketing Start Date Marketing End Date	netire nigrea.		•		Basi	s of	Church and h
NNII:295053K152, CHLORIDE ION - UNII:Q32Z N48698) CHLORIDE in 100 mL DEXTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - MONOHYDRATE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, SODIUM CHLORIDE (UNII: 0592ZN48698) SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE (UNII: 0592ZN48698) SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE SODIUM CHLORIDE (UNII: 0592ZN48698) 450 ng in 100 mL NATER (UNII: 0590F0K00R) Ingredient Name Strength 450 ng in 100 mL Packaging Ingredient Name Marketing Start Date Marketing End Date Packaging I NDC:0338-0671- 1000 mL in 1 BAG; Type 0: Not a Combination 02/02/1979 02/02/1979 Image: Start Date 1 NDC:0338-0671- 200 mL in 1 BAG; Type 0: Not a Combination 02/02/1979 02/02/1979 Image: Start Date Marketing Information Marketing Start Orduct Marketing Start Date Marketing End Date NDA NDA018008 02/02/1979 Image: Start Date Marketing End Date						-	Strength
JNII:55L0G7R0OK) MONOHYDRATE in 100 mL SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE ION - UNII:Q32ZN48698) SODIUM CHLORIDE (UNII: 450 mg in 100 mL Inactive Ingredients Ingredient Name Strength NATER (UNII: 059QF0K00R) Ingredient Name Strength Packaging Package Description Marketing Start Date Marketing End Date NDC:0338-0671- 03 1000 mL in 1 BAG; Type 0: Not a Combination 04 02/02/1979 Ingredient NDC:0338-0671- 03 500 mL in 1 BAG; Type 0: Not a Combination 04 02/02/1979 Ingredient Marketing Information Karketing Start 03 Marketing Start Date Marketing End Date Marketing Information 02/02/1979 02/02/1979 Ingredient Marketing Category Application Number or Monograph Citation Marketing Start Date Marketing End Date NDA NDA018008 02/02/1979 Ingredient Ingredient							
CHLORIDE ION - UNII:Q32Z N48698) CHLORIDE in 100 mL Ingredient Name Strength Ingredient Name Strength Matter (UNII: 0590F0K00R) Packaging # Item Code Package Description Marketing Start Date Marketing End Date NDC:0338-0671- 1000 mL in 1 BAG; Type 0: Not a Combination 02/02/1979 Q2/02/1979 OD Colspan="2">OD mL in 1 BAG; Type 0: Not a Combination 02/02/1979 Marketing Information Marketing Information Marketing Start Citation Number or Monograph Citation Marketing Start Date Marketing End Date POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE	DEXTROSE MONO UNII:5SL0G7R0OK)	HYDRATE (UNII	I: LX22YL083G) (ANHYDROUS DEXT	ROSE -			
Ingredient Name Strength Marketing Start Date Marketing Start Date # Item Code Package Description Marketing Start Date Marketing End Date 1 NDC:0338-0671- 000 mL in 1 BAG; Type 0: Not a Combination 02/02/1979 02/02/1979 Image Marketing Colspan="2">Marketing Start Date Marketing Start Date	SODIUM CHLORID CHLORIDE ION - UNI	E (UNII: 451W47 I:Q32ZN48698)	7IQ8X) (SODIUM CATION - UNII:LYR4	M0NH37,			
Ingredient Name Strength Marketing Start Date Marketing Start Date # Item Code Package Description Marketing Start Date Marketing End Date 1 NDC:0338-0671- 000 mL in 1 BAG; Type 0: Not a Combination 02/02/1979 02/02/1979 Image Marketing Colspan="2">Marketing Start Date Marketing Start Date							
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# Item Code Package Description Marketing Start Date Marketing End Date 1 NDC:0338-0671- 04 1000 mL in 1 BAG; Type 0: Not a Combination Product 02/02/1979 2 NDC:0338-0671- 03 500 mL in 1 BAG; Type 0: Not a Combination Product 02/02/1979 Marketing Information Category Application Number or Monograph Citation Marketing Start Date Marketing End Date NDA NDA018008 02/02/1979 02/02/1979							
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Index Index <td< th=""><th># Item Code</th><th>Pa</th><th>ckage Description</th><th></th><th></th><th></th><th></th></td<>	# Item Code	Pa	ckage Description				
NDC:0338-0671- 500 mL in 1 BAG; Type 0: Not a Combination Product 02/02/1979 Marketing Category Application Number or Monograph Citation Marketing Start Date Marketing End Date NDA NDA018008 02/02/1979 02/02/1979			BAG; Type 0: Not a Combination				Jace
Marketing Information Marketing Category Application Number or Monograph Citation Marketing Start Date Marketing End Date NDA NDA018008 02/02/1979 02/02/1979	2 NDC:0338-0671-	500 mL in 1 B/	AG; Type 0: Not a Combination	02/02/1979			
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Category Citation Date Date NDA NDA018008 02/02/1979				Markatin	a Start	Mark	eting End
POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE		Applica					
	NDA	NDA018008		02/02/1979			
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Product Information					
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:	0338-0673
Route of Administration	INTRAVENOUS				
Active Ingredient/Active	Moiety				
Ing	gredient Name		Basis o Strengt		Strength
POTASSIUM CHLORIDE (UNII: 660 UNII:295053K152, CHLORIDE ION -			POTAS SIUM CHLORIDE		224 mg in 100 mL
DEXTROSE MONOHYDRATE (UNII UNII:55L0G7R0OK)	: LX22YL083G) (ANHYDROUS DEXTR	ROSE -	DEXTROSE MONOHYDRA	TE	5 g in 100 mL
SODIUM CHLORIDE (UNII: 451W47 CHLORIDE ION - UNII:Q32ZN48698)		MONH37,	SODIUM CHLORIDE		450 mg in 100 mL

In	active Ingre	dients						
		Ingredient Name			Strength			
w	ATER (UNII: 059Q	F0KO0R)						
Pa	Packaging							
#	ltem Code	Package Description	Marketin Dat		Marketing End Date			
1	NDC:0338-0673- 04	1000 mL in 1 BAG; Type 0: Not a Combination Product	02/02/1979					
Μ	larketing l	Information						
	Marketing Category	Application Number or Monograph Citation		ng Start Ite	Marketing End Date			
NC	A	NDA018008	02/02/1979					

POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE potassium chloride, dextrose monohydrate and sodium chloride injection, solution

Product Information HUMAN PRESCRIPTION DRUG NDC:0338-0675 Product Type Item Code (Source) **Route of Administration** INTRAVENOUS **Active Ingredient/Active Moiety Basis of Ingredient Name** Strength Strength POTASSIUM CHLORIDE (UNII: 660YQ98I10) (POTASSIUM CATION -UNII:295053K152, CHLORIDE ION - UNII:232ZN48698) 300 mg in 100 mL POTASSIUM CHLORIDE DEXTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE -DEXTROSE 5 g in 100 mL MONOHYDRATE UNII:5SL0G7R0OK) 450 mg in 100 mL SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE ION - UNII:Q32ZN48698) SODIUM CHLORIDE **Inactive Ingredients Ingredient Name** Strength WATER (UNII: 059QF0K00R) Packaging **Marketing Start** Marketing End Item Code **Package Description** # Date Date 1 NDC:0338-0675- 1000 mL in 1 BAG; Type 0: Not a Combination Product 02/02/1979 **Marketing Information** Marketing **Application Number or Monograph Marketing Start Marketing End** Category Citation Date Date NDA NDA018008 02/02/1979

POTASSIUM CHLORIDE IN DEXTROSE AND SODIUM CHLORIDE potassium chloride, dextrose monohydrate and sodium chloride injection, solution						
Product Information						
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source) NDC:0338-		0338-0803		
Route of Administration	INTRAVENOUS					
Active Ingredient/Active Moiety						
Ingredient Name			Basis o Strengt		Strength	
POTASSIUM CHLORIDE (UNII: 660	YQ98I10) (POTASSIUM CATION -		POTASSIUM		150 mg	

UNII	I:295053K152, C	HLORIDE ION - UNII:Q32ZN48698)		CHLORIDE	E	in 100 ml	
DEXTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - DEXTROSE - UNII:5SL0G7R0OK) DEXTROSE in 100 mL							
	ORIDE ION - UNI	E (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR :Q32ZN48698)	4M0NH37,	SODIUM CHLORIDE		900 mg in 100 ml	
Ina	active Ingre	dients					
Ingredient Name Strength							
WA	TER (UNII: 059Q	F0KO0R)					
Pa	ckaging						
#	ltem Code	Package Description	Marketing Start Date		Marketing En Date		
	NDC:0338-0803-)4	0338-0803- 1000 mL in 1 BAG; Type 0: Not a Combination 04/05/1985 Product					
Ma	arketing	Information					
Marketing Category		Application Number or Monograph Citation		ing Start M ate		Marketing End Date	
	Category						
NDA	5,	NDA019308	04/05/1985				

Product Infor	mation					
Product Type		HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:0338-0807	
Route of Administration INTRAVENOUS						
Active Ingredi	ent/Active	Moiety				
Ingredient Name					of gth	Strength
						300 mg in 100 mL
DEXTROSE MONOHYDRATE (UNII: LX22YL083G) (ANHYDROUS DEXTROSE - DEXTROSE Sg III 100 m						5 g in 100 mL
SODIUM CHLORIDE (UNII: 451W47IQ8X) (SODIUM CATION - UNII:LYR4M0NH37, CHLORIDE ION - UNII:032Z N48698) CHL						900 mg in 100 mL
Inactive Ingre	dients					
5	Ing	redient Name		9	Streng	th
WATER (UNII: 059QF0KO0R)						
Packaging						
# Item Code	Pa	ckage Description	Marketing Date		Marketing End Date	
1 NDC:0338-0807- 04	1000 mL in 1 E Product	BAG; Type 0: Not a Combination	04/05/1985			
		3AG; Type 0: Not a Combination	04/05/1985			
04	Product		04/05/1985			
	Product		04/05/1985 Marketin Dat			eting End Date
Marketing I Marketing	Product	ion tion Number or Monograph	Marketin			

Labeler - Baxter Healthcare Corporation (005083209)

Establishment Name Address ID/FEI Business Operations MANUFACTURE(0338-0663, 0338-0603, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0803), ANALYSIS(0338-0663, 0338-0663, 0338-0669, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0807), LABEL(0338-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0663, 038-0660, 038-060, 038-0660, 038-060, 038-060, 038-060, 038-060, 038-060, 038-060, 038-060, 038-060, 038-06

Healthcare	
Corporation	

059140764 0603, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0803, 0338-0807), PACK(0338-0663, 0338-0603, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0803, 0338-0807), STERILIZ E(0338-0663, 0338-0603, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0803, 0338-0807)

Establishment

Lotabil	5					
Name	Address	ID/FEI	Business Operations			
Baxter Healthcare Corporation		189326168	ANALYSIS(0338-0663, 0338-0603, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0803, 0338-0807), LABEL(0338-0663, 0338-0603, 0338-0669, 0338-0671, 0338-0675, 0338-0807), MANUFACTURE(0338-0665, 0338-0603, 0338-0669, 0338-0671, 0338-0675, 0338-0673, 0338-0675, 0338-0673, 0338-0675, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0673, 0338-0671, 0338-0673, 0338			

Establishment

Name	Address	ID/FEI	Business Operations
Baxter Healthcare Corporation		194684502	ANALYSIS(0338-0663, 0338-0603, 0338-0669, 0338-0671, 0338-0673, 0338-0675, 0338-0803, 0338-0807)

Revised: 2/2019

Baxter Healthcare Corporation