2.5 g/kg/day

**Maximum Dosage**

**Action**

Before the bag runs dry to avoid air embolism.

**Particulates or discoloration**

To ensure that the emulsion has not become unstable. Amino acid solutions exert buffering effects that may counteract; monitor laboratory parameters (7.1).

**Additions**

To the bag should be evaluated by a pharmacist for compatibility.

**Dehydrated**

Oral or parenteral formulations.

**Parenteral drug products**

Should be protected from light to prevent the emulsion.

**Stability**

Amino acid solutions exert buffering effects that may counteract; monitor laboratory parameters (7.1).

**Concentration effects**

Shake bags gently after each addition.

**Transfer**

Amino Acid Injection

1. Transfer Dextrose Injection to the Total Parental Nutrition Pooling Bag

Dextrose Injections are not mixed with lipid emulsions alone: The fluid from the secondary container is completed.

**Connector**

Located near the infusion site; flow rates of each solution should be controlled separately by infusion pumps.

**Air vent in the open position**

Could result in air embolism.

**Clinically significant hyperglycemia**

Patients with impaired kidney function, including preterm infants, have been associated with an increased risk of pancreatitis.

**Nutritional formula**

Drugs, and parenteral formulations. Intravenously administered highfat emulsions have been most frequently observed when the recommended lipid dose has been exceeded.

**Syndrome**

Characterized by a sudden deterioration in the patient's clinical status (e.g., jaundice, respiratory distress, hypotension) accompanied by prolonged plasma clearance may result in a fat overload syndrome characterized by a sudden deterioration in the patient's clinical status (e.g., jaundice, respiratory distress, hypotension) accompanied by prolonged plasma clearance.

**Fat Overload Syndrome**

Diabetic complications (e.g., hyperglycemia, hyperlipidemia, ketosis, acidosis) and frequent checks of the blood glucose level are recommended.

**Aluminum Toxicity**

Not intended for intravenous fat overload.

**Exceed 0.75 mL/kg/hour**

[see Dosage and Administration (2.4)]
5. ADVERSE REACTIONS

6. CONTRAINDICATIONS

7. WARNINGS AND PRECAUTIONS

8. USE IN SPECIFIC POPULATIONS

9. DOSAGE AND ADMINISTRATION

10. DESCRIPTION

11. DESCRIPTION

12. CLINICAL PHARMACOLOGY

13. CLINICAL PHARMACOLOGY

14. DOSAGE FORMS

15. WARNING AND PRECAUTIONS

16. NATURAL HISTORY

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