No 1 infusion therapy drug

Complex polyfunctional drug

RHEOSORBILACT

- Improved microcirculation
- Hydro-electrolytic balance correction
- Pronounced detoxication effect

Precious formula...
RHEOSORBILACT

Active components: 100 ml of the solution contains 6 g sorbitol, 1.9 g sodium lactate, 0.6 g sodium chloride, 0.01 g calcium chloride, 0.03 g potassium chloride, 0.02 g magnesium chloride;
Auxiliary components: injection water.
Pharmaceutical form: Infusion solution.
Pharmacotherapeutic group. Auxiliary solutions for intravenous administration. Electrolytes combined with other drugs. ATC code B05XA31.

PHARMACEUTICAL PROPERTIES
Main physical and chemical properties: translucent colorless liquid; nominal osmolality – 900 mOsm/l; pH 6.0-7.6;
Ion composition: 1 ml of the drug contains Na⁺ - 5.395 mg, Ca²⁺ - 0.036 mg, K⁺ - 0.157 mg, Mg²⁺ - 0.051 mg, Cl⁻ - 3.995 mg, CH₃CH₂OH(OH)COO⁻ - 15.635 mg.

PHARMACOLOGICAL PROPERTIES
Pharmacodynamics. Rheosorbilact has rheological, antishock, detoxification, alkalizing and stimulating effect on intestinal peristaltic. The main pharmacologically active components of the drug are sorbitol and sodium lactate. Sorbitol is metabolized in the liver, originally into fructose that is subsequently transformed into glucose and then glycogen. An isotonic sorbitol solution has a disaggregation effect, thus improving microcirculation and tissue perfusion.

Unlike in the case of bicarbonate solution, metabolic acidosis correction by sodium lactate takes place more slowly as it is being included in the metabolism, without rapid pH fluctuations. The effect of sodium lactate is observed 20-30 minutes after administration.
Sodium chloride has a rehydrating effect and replenishes the deficit of sodium and chloride ions in various pathological conditions. Calcium chloride replenishes the deficit of calcium ions. Calcium ions are required to enable transmission of nervous impulses, contraction of skeletal and unstriated muscles, myocardium functioning, formation of bone tissue and blood coagulation. It decreases cell and vascular wall penetrability, prevents inflammation and increases the body’s infection resistance.
Potassium chloride restores the water-electrolyte balance. It has a negative chrono- and bathmotropic effect; in high doses – a negative ino- and dromotropic effect, and a moderate diuretic effect. It takes part in nervous impulse transmission. Increases the acetylcholine content and stimulates the sympathetic part of the autonomic division of the nervous system. Improves skeletal muscle contraction in case of myodystrophy and myasthenia.
Pharmacokinetics. Sorbitol is quickly included into the general metabolism; 80-90% is utilized in the liver and accumulated in form of glycogen, 5% deposited in the brain tissue, heart muscle and skeletal muscle, 6-12% eliminated with urine. After being administered into the bloodstream, sodium lactate is broken down into sodium CO₂ and H₂O, which create sodium bicarbonate that increases the blood alkaline reserve. Only half of the administered sodium lactate (L isomer) is considered active, while the other half (D isomer) is not metabolized and then eliminated with urine. Sodium chloride is eliminated from the bloodstream, increasing the circulating blood amount only temporarily. It also increases diuresis.

CLINICAL PROFILE
Indications. Improving capillary circulation for prophylaxis and treatment of traumatic, operative, hemolytic, toxic and burn shock, in cases of acute blood loss, burn disease; contagious diseases accompanied by intoxication, aggravation of chronic hepatitis; sepsis; for pre-operative preparation and in the post-operative period; for improving arterial and venous circulation to prevent thrombosis, thrombophlebitis, endarteritis, Raynaud syndrome.

CONTRAINDICATIONS
Individual heightened sensitivity to any of the drug components. Rheosorbilact® is not used in the presence of alkalosis and in cases when infusion of large amounts of liquid is contraindicated (cerebral haemorrhage, thromboembolia, cardiovascular decompensation, grade III arterial hypertension, terminal renal insufficiency); dehydration.

ADMINISTRATION AND DOSES
In adults, Rheosorbilact® is administered by drop infusion, at a rate of 40-60 drops/minute. If necessary, stream infusion is allowed, with prior testing by drop infusion at 30 drops/minute. After 15 drops of the drug has been administered, the infusion is stopped; after 3 minutes, if no reaction is observed, Rheosorbilact® is administered by stream infusion.
For cases of traumatic, burn, post-operative and hemolytic shock in adults, 600-1000 ml (10-15 ml/kg of patient’s body mass) is administered in a single dose; subsequent doses of 600-1000 ml (10-15 ml/kg of patient’s body mass) are administered by stream infusion at first, then by drop infusion. For cases of chronic hepatitis in adults, 400 ml (6-7 ml/kg of patient’s body mass) is administered by drop infusion. For cases of acute blood loss in adults, 1500-1800 ml (up to 25 ml/kg of body mass) is administered. In this case, infusion of Rheosorbilact® is recommended at the pre-hospital stage, in a specialized first aid vehicle. At the pre-operative stage and after various surgical treatments – a dose of 400 ml (6-7 ml/kg of body mass) by drop infusion, during 3-5 days. For cases of thrombo-obliterating vessel diseases – doses of 8-10 ml/kg of body weight, repeated every other day, up to 10 infusions per treatment course.

SIDE EFFECTS
Immune system disruptions: anaphylactoid reactions, angioedema, hyperthermia.
Cardiovascular system disruptions: increase or decrease of arterial pressure, tachycardia, shortness of breath, acrocyanosis.
Neurological disruptions: tremor, headache, faintness, general weakness.
Changes in skin and hypoderm: cutaneous eruptions, hives, itching.

OVERDOSING
Alkalosis conditions that are swiftly alleviated after immediate cessation of the drug therapy; occasionally - collapses, dehydration (due to increased diuresis). If the administration rate is exceeded – tachycardia, increased arterial pressure, shortness of breath, headaches, chest pains or stomach pains are possible. The above symptoms are swiftly alleviated after the solution administration is ceased or slowed down significantly.

Administration during pregnancy or lactation. No contraindication data for administration during pregnancy or lactation.

Administration in children. The recommended dose for children between 1 month and 6 years of age is 10 mg/kg of body weight, administered at 20 to 30 drops per minute. The dose for children aged 6 to 12 is half of the adult dose, administered at 30 to 40 drops per minute. For children over 12, the dose is the same as for adults.

SPECIAL ADMINISTRATION INFORMATION
Blood acid-base balance and electrolyte levels, liver function and arterial pressure must be monitored during the drug administration. Caution required during administration in patients with calculous cholecystitis.
Incompatibilities. Rheosorbilact may not be combined with phosphate- and carbonate-containing solutions.

Storage conditions. Store at temperatures of 25°C or below. Keep out of reach of children. Do not freeze.

Packaging. 200 ml and 400 ml bottles, 1 bottle in a cardboard box; 200 ml and 400 bottles; 250 ml and 500 ml containers.

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