

Centre for Prehospital Care

Health Sciences North/Horizon Santé-Nord

Medication Reference

AUTHORIZED BY: CPC Quality of Care Committee

ISSUE DATE: June 2002 REVISION DATE: Sept 2018 CATEGORY: ACP Medications PAGE: 1 of 2

TITLE: Sodium Bircarbonate

Other Names: • NaHCO₃

Classifications: • Alkalizer (buffer)

Pharmacodynamics: • Neutralizes and buffers excessive body acids

Onset:

Peak:

Duration:

• Immediate

• Immediate

• pH dependent

Indications: • Treatment of metabolic acidosis

Known or suspected hyperkalemia

Overdose of tricyclic anti-depressants (i.e. Amitriptyline/Elavil)

Overdose of salicylates

Contraindications: • Suspected metabolic or respiratory alkalosis

Hypocalcemia

Precautions:

• May cause tissue necrosis or sloughing at the IV site if infiltration

occurs

Routine use during CPR is not recommended.

• In certain circumstances such as pre-existing metabolic acidosis, hyperkalemia, TCA overdose or prolonged cardiac arrest, the administration of sodium bicarbonate may be considered.

• Should be used with extreme caution in edematous or sodium retaining conditions (CHF), in renal insufficiency and in patients

receiving corticosteroids or corticotropin.

Adverse Reactions: • Metabolic Alkalosis – hypoxia due to left–upward shift of the

oxyhemoglobin curve ($\mathbf{0}_2$ not readily released to the cell at the tissue

level)

Tetany (Neuromuscular hyperactivity)

Paradoxical worsening of metabolic acidosis – especially in the patient

not being adequately ventilated

Headaches

Confusion

Hypokalemia

Drug Interactions: • Compatible with NS and dextrose solutions

Incompatible with Ringer Lactate solutions

• 50 mEg of 8.4% solution in 50 cc (preload)

Special Considerations: • Routine use of Sodium Bicarbonate not recommend per the 2015

ACLS Guidelines. Class III, LOE B

References: • Compendium of Pharmaceuticals and Specialties 2013

• 2015 AHA Guidelines : ACLS

CATEGORY: ACP Medications PAGE: 2 of 2

SUBJECT: SODIUM BICARBONATE

<u>NOTE</u>: The information contained herein does not supersede or negate the MoHLTC Provincial Medical Directives and should only serve as general information about the medication itself. Administration of this medication requires BHP contact.