VITAMIN K (Phytomenadione)

ACTION and USES

It is used for prevention and treatment of hypoprothrombinaemia due to lack of vitamin k and for prophylaxis and treatment of Vitamin K deficiency bleeding (VKDB). SCRH does not recommend the oral route for prophylaxis. It is available only for babies whose parents have specifically requested this route.

DOSAGE

(i) Prophylaxis of VKDB in Preterm neonates of less than 36 weeks gestation or term neonates at special risk.

IM/IV: Use Konakion MM Paediatric

Weight of baby	Dose of vitamin K at birth or soon after birth	Injection volume
Up to 1000g	400 micrograms	0.04ml
1001-1500g	600 micrograms	0.06ml
1501-2000g	800 micrograms	0.08ml
2001g and over	1mg	0.1ml

(ii) Treatment:

IV: Konakion MM Paediatric - 1mg (0.1ml) repeated eight hourly as required.

(iii) Prophylaxis of VKDB in healthy neonates of 36 weeks gestation and older

IM: Use Konakion MM Paediatric (2mg/0.2ml) - 1mg (0.1ml) at birth

ORAL: Use Konakion MM Paediatric which is licensed for oral route only for babies ≥ 36 weeks. This is not recommended and this route should only be used if specifically requested by parents.

(a) **Breast-fed ONLY:** 2mg (0.2ml) at birth, 4-7 days and 1 month.

(b) **Formula or mixed breast milk:** 2mg (0.2ml) at birth and 4-7 days

ADMINISTRATION

Intramuscular: For routine prophylaxis

Intravenous: Can be used depending on venous access, and in babies with overt bleeding tendency.

Oral: Give by this route only if parents have specifically requested it. After breaking open the glass ampoule the dose is drawn up to the mark of an oral plastic dispenser provided in the package and then administered.

RECONSTITUTION

The Konakion MM Paediatric is licensed for oral or IM use in babies ≥ 36 weeks and for use in preterm or term neonates at special risk can be given by IM or IV route. It contains **2mg/0.2ml** in a glass ampoule. Reconstitution is not required and it **must not** be diluted.

INCOMPATIBILITIES

Do not mix or infuse with phenytoin.

STORAGE

Konakion MM Paediatric 2mg/0.2ml is stored under K in the IV cupboard.

MONITORING

Check prothrombin time after repeated doses. Give by slow IV bolus as rapid IV can cause peripheral vascular collapse, cyanosis, sweating and flushing. It is not effective in hereditary hypoprothrombinaemia and hypoprothrombinaemia caused by severe liver disease. Pain, swelling and tenderness at injection site. Haemolytic anaemia, hyperbilirubinaemia and kernicterus may occur rarely.