

Vitamin and Minerals Policy

Patients who are admitted on prescribed vitamin and / or mineral preparations that are not on the Trust approved list will not receive a supply of these from pharmacy unless requested by a dietitian. They will be able to use their own supply on the ward if this is available or reserve these for use on discharge.

It is recommended that, if these vitamins are prescribed on the in-patient chart, the patient is advised that they will need to arrange for a supply to be brought from home should they wish to continue. It is acceptable to state that we feel there is limited evidence for their benefit – particularly for a short hospital stay. If patients' own medicines are not available, the administration section should be crossed through to indicate that they will not be given during the hospital stay.

Pabrinex® doses other than those in the policy may be altered by pharmacists according to the indication stated in the patient's medical notes.

Trust approved List

	Vitamin	Indication
Vitamin A	Vitamin A drops	Neonatal only
	Vitamin A&D capsules	Paediatric cystic fibrosis patients only
B group	Riboflavin	Paediatric patients only
vitamins	Thiamine 100mg	Thiamine deficiency
		Prevention of Wernicke-Korsakoff syndrome, as
		per Trust guideline.
		Risk of re-feeding syndrome as per Trust Policy
	Thiamine 25mg and 50mg	Hyperemesis gravidarum in pregnancy
	Pyridoxine	Prevention of isoniazid induced neuropathy and
		other deficiency states
	Hydroxocobalamin (IM)	Vitamin B12 deficiency
	Vitamin B Co Strong	Risk of re-feeding syndrome as per Trust Policy.
		Tablets can block enteral tubes if not crushed
		well due to tablet coating; Vigranon B syrup can
		be used instead if necessary (5ml = 1 tablet)
	Pabrinex® (IV)	Established Wernicke-Korsakoff syndrome – 2
		pairs tds for 5 days
		Risk of Wernicke-Korsakoff syndrome - one pair
		od for 3 days
		Refeeding syndrome for patients on TPN one
		pair bd for 3 days
Vitamin C	Ascorbic acid	Dietitian advised or patient being treated for
	1,	severe deficiency e.g. scurvy.
Vitamin D	Vitamin D	As per national and local guidelines
		http://www.gloshospitals.nhs.uk/SharePoint1/Tr
		eatment%20Guidelines/Vitamin%20D%20Treat
		ment%20Guidelines.pdf
		Adcal D3 is preferred preparation in the Trust
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \rac{1}{2} \ \ra	for calcium and vitamin D supplementation.
Vitamin E	Vitamin E	Paediatric cystic fibrosis patients only
Vitamin K	Vitamin K	Coagulopathy
Folic acid	Folic acid	Folate deficiency/prevention of neural tube
		defects/prevention of methotrexate induced side



		effects
Combination Products	Renavit®	Renal patients undergoing dialysis
	Paediatric multivitamins e.g.	Paediatric patients only
	Dalivit®	
	Forceval and Forceval soluble	Risk of re-feeding syndrome as per Trust Policy
	(multivitamins, minerals and	or if requested by a dietitian.
	trace elements)	
	Multivitamins (generic)	General use when requested by a dietitian.
	Vitamins BPC	Paediatric cystic fibrosis patients only.
Minerals	Calcium	As per local and national guidelines.
		Adcal D3 is preferred preparation in the Trust
		for calcium and vitamin D supplementation.
	Ferrous	Treatment of iron deficiency anaemia as per
	sulphate/gluconate/fumarate/	local and national guidelines.
	Parenteral iron	
	Sodium feredetate (Sytron®)	Paediatric patients only
	Selenium	Proven deficiency (low serum levels)
	Zinc	Proven deficiency (low serum levels)