
Medicine Supply Notification – UPDATE to notification from 26/09/24**To: GHNHSFT Doctors and Non-Medical Prescribers****From: Pharmacy****Date: 2nd December 2024****Subject: *IMPORTANT - UPDATE re IV THIAMINE: CHANGE IN PRODUCT AND DOSING****

We will now be switching from using **unlicensed** injectable thiamine to **UK licensed thiamine injections** instead at the below doses. EPR CIWA protocols and re-feeding prescriptions will be changed to reflect the new licensed dosing.

Thiamine hydrochloride 250mg/5ml solution for injection.**Intravenous administration (IV):**

- Administer required dose as an IV infusion diluted in 50 - 100ml sodium chloride 0.9% over 30 minutes.

Intramuscular administration (IM):

- Administer required dose as 2 divided injection doses into **thigh** or **gluteal** muscles.
- E.g., 250mg = 5ml → administer as 2 x 2.5ml doses IM.

Indication	New Thiamine dose	Notes
Patients at risk of alcohol withdrawal	500mg IV TDS for 3 days followed by oral thiamine 100mg BD	Commence on CIWA initiation as per EPR. IV administration is essential for rapid correction of brain thiamine levels. Magnesium deficiency can impair the therapeutic benefit of thiamine resulting in extended prescribing. Check magnesium level and correct hypomagnesaemia promptly
Symptoms of WKS	500mg IV TDS for 5 days, if ongoing symptoms OR evidence of improvement, continue IV thiamine 250mg OD for 5 days OR as long as improvement continues. Prescribe oral thiamine 100mg BD thereafter.	
Patients at risk of alcohol withdrawal / symptoms of WKS – <u>with no IV access</u>	250mg INTRAMUSCULAR OD for 3-5 days or until IV access available. Then continue at IV dose.	
Re-feeding syndrome: Patients with no enteral absorption or oral access (e.g., TPN patients) or those who are severely malnourished and at high risk of WKS)	250mg IV OD for 3 days	Patients with oral access/enteral absorption should receive thiamine 100mg BD with Forceval 1 OD for 10 days either orally or via feeding tube
Hyperemesis gravidarum in patients unable to tolerate oral thiamine	250mg once weekly, increasing to daily/TDS dosing in patients considered at severe risk of refeeding syndrome	
Post op bariatric patients who present with symptoms of thiamine deficiency (ataxia, confusion, WKS, neuropathy).	500mg IV TDS for 3 days.	IV administration is essential for rapid correction of brain thiamine levels. Resume oral thiamine / oral vitamin supplements once no longer symptomatic.

Please seek advice from the **Alcohol Liaison Team (Ext 5495, bleep 1671)** for patients presenting with alcohol withdrawal or **Zein Zakir, Clinical Pharmacist, Nutrition Support Team (Bleep 1866)** for patients with re-feeding syndrome.

References:

1. Thiamine Hydrochloride 50 mg/ml solution for injection, Galen Pharma Ltd, Summary of Product Characteristics – 09/09/2024; <https://www.medicines.org.uk/emc/product/100206/smpc#about-medicine>
2. [Using and prescribing thiamine in alcohol dependence – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
3. [Prescribing thiamine in patients at risk of refeeding syndrome – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
4. [Using and prescribing thiamine in alcohol dependence – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)
5. The Royal Marsden Manual of Clinical Nursing Procedures - Online edition; Chapter 15: Medicines optimization: ensuring quality and safety – intramuscular injections; <https://www.rmmonline.co.uk/> - accessed 17/07/2024.
6. Cambridgeshire & Peterborough NHS Foundation Trust; Guidelines for Administration of Medicines by Intramuscular and Subcutaneous Injection; 18/12/2019.
7. U.S. Food and Drug Administration (FDA); Code of Federal Regulations Title 21; Sec. 201.323 Aluminum in large and small volume parenteral used in total parenteral nutrition. [CFR – Code of Federal Regulations Title 21 \(fda.gov\)](#)