

Vitamins in cholestasis

Newborn use only

2022

Alert	The dose recommendations for cholestasis are based on expert opinion. International units (IU) are labelled as units in this formulary. Bio-Logical Vitamin A oral solution and OsteVit D oral liquid contains sodium benzoate. Avoid exposure of >99mg/kg/day in neonates.																																																																			
Indication	Correcting vitamin deficiencies in neonatal cholestasis																																																																			
Action	Vitamin A: Fat soluble vitamin required for vision, growth and bone development, immune function and maintenance of epithelial cells particularly in the retina and respiratory tract tissues. Vitamin D: Regulating levels of calcium and phosphorus and mineralisation of bone. Vitamin E: Antioxidant protecting cell membranes from oxidative stress. Active isomer is α -tocopherol. Vitamin K: Promotes the activation of blood coagulation Factors II, VII, IX and X in the liver.																																																																			
Drug type	Fat and water soluble vitamins																																																																			
Trade name	Pentavite Infant liquid 0-3 years Bio-Logical Vitamin A oral solution Ostelin Vitamin-D3 1000 IU liquid Pretorius Micel-E oral liquid Konakion MM Paediatric																																																																			
Presentation	Pentavite Infant – Each 0.45 mL contains 1287 units of vitamin A and 400 units of vitamin D. Bio-Logical Vitamin A oral solution – 0.1 mL contains 2500 units of vitamin A. Ostelin Vitamin -D (Vitamin D3) oral liquid – 0.5 mL contains 1000 units of vitamin D. Pretorius Micel-E oral liquid – 0.1 mL contains 15.6 units of vitamin E. Konakion MM Paediatric – 0.2 mL contains 2 mg vitamin K ₁ .																																																																			
Dose	<p>Suggested starting regimen⁽¹⁻⁴⁾</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Vitamin A</th> <th style="text-align: center;">Vitamin D</th> <th style="text-align: center;">Vitamin E</th> <th style="text-align: center;">Vitamin K₁</th> </tr> </thead> <tbody> <tr> <td>Dose range per day (not per kg)</td> <td style="text-align: center;">3000-5000 units</td> <td style="text-align: center;">1000-2000 units (25-50 μg)</td> <td style="text-align: center;">15-30 units</td> <td style="text-align: center;">2 mg twice a week up to 2 mg daily</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Medical officers to prescribe the following</th> <th colspan="4" style="text-align: center;">Dose Range</th> </tr> <tr> <th style="text-align: center;">Vitamins</th> <th style="text-align: center;">Oral preparation</th> <th style="text-align: center;">Vitamin A (units)</th> <th style="text-align: center;">Vitamin D (units)</th> <th style="text-align: center;">Vitamin E (units)</th> <th style="text-align: center;">Vitamin K₁ (mg)</th> </tr> <tr> <th colspan="2"></th> <th colspan="4" style="text-align: center;">Dose (mL) and Frequency</th> </tr> </thead> <tbody> <tr> <td>Pentavite Infant</td> <td>0.45 mL once or twice daily</td> <td style="text-align: center;">1287-2574</td> <td style="text-align: center;">400-800 (10-20 μg)</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td>Bio-Logical Vitamin A solution</td> <td>0.1 mL daily*</td> <td style="text-align: center;">2500</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td>Ostelin Vitamin-D oral liquid 1000 units/0.5 mL[#]</td> <td>0.5 mL daily*</td> <td style="text-align: center;">-</td> <td style="text-align: center;">1000 (25 μg)</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td>Pretorius Micel-E liquid</td> <td>0.1-0.2 mL daily*</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">15-30</td> <td style="text-align: center;">-</td> </tr> <tr> <td>Konakion MM Paediatric</td> <td>0.2 mL twice a week to daily</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">2 mg twice a week to 2 mg daily</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td style="text-align: center;">3787-5074</td> <td style="text-align: center;">1400-1800 (35-45 μg)</td> <td style="text-align: center;">15-30</td> <td style="text-align: center;">2 mg twice a week to 2 mg daily</td> </tr> </tbody> </table> <p>*The daily dose may be administered in two divided doses. [#]Ostelin Vitamin-D is the preferred liquid because it doesn't contain sodium benzoate. Please check the strengths in each preparation before prescribing.</p>					Vitamin A	Vitamin D	Vitamin E	Vitamin K ₁	Dose range per day (not per kg)	3000-5000 units	1000-2000 units (25-50 μ g)	15-30 units	2 mg twice a week up to 2 mg daily	Medical officers to prescribe the following		Dose Range				Vitamins	Oral preparation	Vitamin A (units)	Vitamin D (units)	Vitamin E (units)	Vitamin K ₁ (mg)			Dose (mL) and Frequency				Pentavite Infant	0.45 mL once or twice daily	1287-2574	400-800 (10-20 μ g)	-	-	Bio-Logical Vitamin A solution	0.1 mL daily*	2500	-	-	-	Ostelin Vitamin-D oral liquid 1000 units/0.5 mL [#]	0.5 mL daily*	-	1000 (25 μ g)	-	-	Pretorius Micel-E liquid	0.1-0.2 mL daily*	-	-	15-30	-	Konakion MM Paediatric	0.2 mL twice a week to daily	-	-	-	2 mg twice a week to 2 mg daily	Total		3787-5074	1400-1800 (35-45 μ g)	15-30	2 mg twice a week to 2 mg daily
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Dose adjustment	Not applicable																																																																			
Maximum dose																																																																				

Total cumulative dose																										
Route	Oral																									
Preparation	No preparation is required																									
Administration	Administer undiluted or with a feed																									
Monitoring	Check serum levels of vitamins A, D, E and PT/INR in 1-3 monthly. May need more frequent monitoring in the initial weeks of therapy.																									
Contraindications	Hypersensitivity to vitamin A, D, E, K or any component of the formulations. Hypervitaminosis of A, E and/or D.																									
Precautions																										
Drug interactions	May increase effects of anticoagulant and antiplatelet agents																									
Adverse reactions	Hypervitaminosis A: Irritability, lethargy, vomiting, bulging fontanelle. Hypervitaminosis D: Hypercalcaemia, nephrocalcinosis. Vitamin E: Potentiation of coagulopathy, sepsis, necrotising enterocolitis.																									
Compatibility	Not applicable																									
Incompatibility	Not applicable																									
Stability	Pentavite Infant liquid: Use within 9 weeks after opening. Other vitamins: Refer to individual product information.																									
Storage	All products: Store below 25°C. Protect from light. Pentavite Infant liquid: Refrigerate after opening.																									
Excipients	Pentavite Infant liquid: sodium saccharin, pineapple flavour. Bio-Logical Vitamin A oral solution: sodium benzoate. OsteVit-D oral liquid: sodium benzoate, caramel flavour. Pretorius Micel-E oral liquid: Potassium sorbate and soy bean products. Konakion MM Paediatric: Glycocholic acid, lecithin, sodium hydroxide, hydrochloric acid.																									
Special comments	Vitamin E 1 unit = 0.67 mg α -tocopherol. 1 mg of retinyl palmitate = 1818 units of vitamin A.																									
Evidence	<p>Background</p> <p>There is a high prevalence of vitamin deficiency in neonatal cholestasis, with one study reporting rates of deficiency for vitamin E (71%), vitamin D (61%), vitamin A (29%) and vitamin K (13%).⁽³⁾ Fat-soluble vitamin serum levels should be monitored frequently in all cholestatic infants to avoid life threatening bleeding (vitamin K deficiency), bone fractures and rickets (vitamin D deficiency), corneal/retinal defects and blindness (vitamin A deficiency), and neurologic and muscular abnormalities (vitamin E deficiency).⁽⁵⁾</p> <p>Efficacy</p> <p>Dosing recommendations for vitamins in neonatal cholestasis vary and are based on expert opinions.⁽¹⁻⁴⁾ Many infants will require individual supplementation of vitamins D, A, E, or K, along with the preferred multivitamin formulation.⁽⁵⁾</p> <p>Dosing recommendations for fat soluble vitamins are as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 15%;">Author</th> <th style="width: 20%;">Vitamin A</th> <th style="width: 20%;">Vitamin D</th> <th style="width: 20%;">Vitamin E</th> <th style="width: 25%;">Vitamin K</th> </tr> </thead> <tbody> <tr> <td>Feldman⁽⁴⁾</td> <td>3000-10000 U/day</td> <td>800-5000 IU/day OR 1,25 OH₂ D₃: 0.05-0.2 μg/kg/day</td> <td>Maintain serum targets. No dose recommendations.</td> <td>2.5- 5 mg twice a week to every day</td> </tr> <tr> <td>Italian society⁽¹⁾</td> <td>5000-25000 IU/day</td> <td>800-5000 U/day</td> <td>15-25 U/kg/day</td> <td>2.5-5 mg twice a week to every day</td> </tr> <tr> <td>King's college, London⁽³⁾</td> <td>1333-5000 IU/day</td> <td>1000-3000 IU/day</td> <td>15-150 U/kg/day</td> <td>1 mg/day</td> </tr> <tr> <td>Lane et al.⁽²⁾</td> <td>5000-50000 IU/day</td> <td>1000-8000 IU/day</td> <td>1 unit/kg/day</td> <td>ORAL:2.5-5 mg IM/SQ/IV: 1-10 mg/dose</td> </tr> </tbody> </table> <p>Optimal approach would be to adjust the doses based on target serum levels. Refer to practice points.</p> <p>Safety</p> <p>Excessive doses of vitamins can lead to adverse effects listed in adverse reactions.⁽¹⁾</p>	Author	Vitamin A	Vitamin D	Vitamin E	Vitamin K	Feldman ⁽⁴⁾	3000-10000 U/day	800-5000 IU/day OR 1,25 OH ₂ D ₃ : 0.05-0.2 μ g/kg/day	Maintain serum targets. No dose recommendations.	2.5- 5 mg twice a week to every day	Italian society ⁽¹⁾	5000-25000 IU/day	800-5000 U/day	15-25 U/kg/day	2.5-5 mg twice a week to every day	King's college, London ⁽³⁾	1333-5000 IU/day	1000-3000 IU/day	15-150 U/kg/day	1 mg/day	Lane et al. ⁽²⁾	5000-50000 IU/day	1000-8000 IU/day	1 unit/kg/day	ORAL:2.5-5 mg IM/SQ/IV: 1-10 mg/dose
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Practice points	Aim to maintain the normal range of serum vitamin A, E and D levels. Reference values may vary. Check with your local laboratory. Published recommendations of INR ≤ 1.2 is often not possible in practice despite high doses of vitamin K. Higher INR values are often accepted as long as there is no clinical evidence of coagulation dysfunction.
References	<ol style="list-style-type: none"> 1. Dani C, Pratesi S, Raimondi F, Romagnoli C. Italian guidelines for the management and treatment of neonatal cholestasis. <i>Italian Journal of Pediatrics</i>. 2015;41:1-12. 2. Lane E, Murray KF. Neonatal cholestasis. <i>Pediatric Clinics</i>. 2017;64:621-39. 3. Mancell S, Islam M, Dhawan A, Whelan K. Fat-soluble vitamin assessment, deficiency and supplementation in infants with cholestasis. <i>Journal of Human Nutrition and Dietetics</i>. 2022;35:273-9. 4. Feldman AG, Sokol RJ. Neonatal cholestasis. <i>Neoreviews</i>. 2013;14(2):e63-e73. 5. Feldman AG, Sokol RJ. Neonatal Cholestasis: Updates on Diagnostics, Therapeutics, and Prevention. <i>NeoReviews</i>. 2021;22:e819-e36.

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