Pentavite

Newborn use only

Alert Vitamin A is expressed as microgram retinol activity equivalents (RAE) or international un			
	units.		
	1 microgram RAE = 1 microgram retinol = 3.3 units of retinol. ⁽³⁾ 1 microgram colecalciferol = 40 international units (or units) of vitamin D3. ⁽³⁾ Pentavite doesn't contain folic acid, B12 and vitamin E.		
Indication			
Indication	Routine supplementation in preterm or low birthweight infants Suggested age group: <37 weeks and/or birthweight <2.5 Kg.		
	Cholestasis	<37 weeks allu/of biftliweight <2.3 kg.	
Action			
Drug type	Multivitamin supplement Multivitamin		
Trade name			
Presentation	Pentavite Infant liquid 0-3 years Oral liquid		
riesentation	on Oral liquid Each 0.45 mL contains:		
	Vitamin A	Retinol palmitate 0.723 mg (390 microgram Retinol Equivalents)	
	Vitamin B1 (Thiamine)	540 microgram	
	Vitamin B2 (riboflavin)	810 microgram	
	Vitamin B3 (nicotinamide)	7.1 mg	
	Vitamin B6 (pyridoxine)	111 microgram	
	Vitamin C (ascorbic acid)	42.8 mg	
	Vitamin D3 (colecalciferol)	10.1 microgram (400 units)	
Dose		eterm or low birthweight infants	
	0.45 mL daily. NOTE: Dose not I		
	Continue up to 12 months corre	ected age.	
	Suggested regimen: (1) To be co	ommenced/given when the infant is tolerating ≥ 120 mL/kg/day of	
	enteral feeds.		
	1	le, suggested preparations: Brauer Baby Multivitamin liquid 1 mL DAILY	
	+ Ostelin vitamin D3 (1000 IU/0.5 mL) Liquid 0.2 mL DAILY. DOSE NOT BASED ON WEIGHT.		
	<u>Cholestasis</u>	alaska da farmandam.	
Dose adjustment	Refer to Vitamins in cholestasis formulary.		
	0.45 art DAHV for governor and an autobious		
Maximum dose	0.45 mL DAILY for routine supplementation 0.45 mL BD for cholestasis		
Route	Oral or intra-gastric tube		
Preparation	No preparation required		
Administration			
Auministration	Shake the bottle.		
	Administer undiluted or mixed with a small amount of milk into infant's mouth through a feeding team or via intra-gastric tube.		
Monitoring	or the intra gastrie tase.		
Contraindications	Not yet tolerating enteral feeds		
Precautions		nouth may cause choking and apnoea	
Drug interactions	ccc daiistration into the ii		
Adverse reactions	+		
Overdose	ALISTRALIA: Contact the Poison	s Information Centre on 13 11 26 for information on the management	
Over 0036	of overdose	3 morniation centre on 13 11 20 for illiorniation on the management	
		tional Poisons Centre on 0800 764 766 for information on the	
	NEW ZEALAND: Contact the National Poisons Centre on 0800 764 766 for information on the management of overdose.		
Compatibility	Not applicable.		
Incompatibility	Not applicable.		
Stability	Use within 9 weeks after openir	ng.	
Storage	Store below 25°C. Refrigerate after opening. Protect from light.		
Excipients	Sodium saccharin, pineapple flavour		
Special comments	Sourdin Succitatiff, pilicappie flavour		

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	Comparison of penta	avite and Baby Multivitamin	n Liquid			
	companison or pente	Pentavite 0.45 mL	Brauer 1 mL			
	Vitamin A	390 microgram				
	Betacarotene		645 microgram			
	Vitamin D3	10.1 microgram	200 units (equiv. to 5 microgram colecalciferol)			
	Vit. B1	540 microgram	100 microgram			
	Vit. B2	810 microgram	150 microgram			
	Nicotinamide	7.1 mg	1 mg			
	Vit. B6	111 microgram	100 microgram			
	Vit. B12		0.417 microgram			
	Folic acid					
	Vitamin C	42.8 mg	7.5 mg			
	Vit. E		4.04 mg			
	Choline		37.5 mg			
	Biotin		1.5 microgram			
	pantothenic acid and niacin to all LBW infants receiving human milk from birth until the infant attains a weight of 2000 g. Many units provide a multivitamin preparation to all LBW infants until 6 to 12 months chronological age. Vitamin D – There is evidence of reduced linear growth and increased risk of rickets in babies with a birth weight < 1500 g fed un-supplemented human milk. There is no consistent benefit of increasing the intake of vitamin D above 400 units per day. There are no clinical trial data on the effect of vitamin D on key clinical outcomes in infants with a birth weight > 1500 g.					
Practice points	Pentavite® contains vitamin D, it may be used for later preterm or term infants at risk of vitamin D deficiency. However, this may be better managed using single ingredient vitamin D preparations (see Colecalciferol formulary). For preterm infants the dose may be halved (i.e. 0.23 mL) and given twice daily to improve tolerability. Infants with cholestasis should receive additional vitamin D supplementation until cholestasis/fat malabsorption resolves (see Colecalciferol formulary). Other fat soluble vitamins may also require supplementation.					
References	 Optimal feeding (Epidemiology), F PhD. Department https://dietarysu 2021. 	of low-birth-weight infants PhD. London School of Hygi t of Child and Adolescent H pplementdatabase.usda.ni	ins Oral Liquid. MIMSOnline. Accessed 18/07/20 technical review. Karen Edmond, MBBS, MSc ene and Tropical Medicine, London, U.K. Rajiv B ealth and Development, WHO, Geneva. h.gov/Conversions.php. Accessed on 17 Novembritamin-infant-liquid/. Accessed 04/07/2022.	ahl, MD,		

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REVIEW	17/07/2030

Authors Contribution – Current version

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