# Vitamin A and E solution

### **Newborn use only**

Alert	There are individual formularies for vitamin A and E.
	The dose recommendation of vitamins A and E oral solution in this formulary is based on the vitamin A
	content and may not match with vitamin E recommended dosage.  Vitamin A is expressed as microgram retinol activity equivalents (RAE) or international units (IU) or units.
	1 microgram RAE = 1 microgram retinol = 3.3 units of retinol. (1)
	Vitamin E 1 International Unit (hereafter referred to as "units") = 0.67 mg d-alpha-tocopherol.
	The consensus Australasian lipid formulation provides:
	- 920 units/kg/day of vitamin A at 3 g/kg/day
	- 2.8 IU/kg/day of vitamin E at 150 mL/kg/day.
	Penta-Vite Infant, a commonly used multi-vitamin supplement in Australia, contains vitamin A but doesn't
	contain vitamin E.
Indication	Cholestatic liver disease
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 E: Antioxidant protecting cell membranes from oxidative stress. Active isomer is $\alpha$ -tocopherol.
Drug type	Fat soluble vitamins.
Trade name	Bio-Logical Vitamins A & E oral solution
Presentation	Bio-Logical Vitamins A & E oral solution (50 mL bottle): Each 1 mL contains Retinol palmitate 1.2 mg =
	Vitamin A 2210 units=663 microgram retinol equivalents and d-alpha-tocopheryl acetate 75 mg/mL (102
	units/mL).
Dose	Cholestatic liver disease
	Bio-Logical Vitamins A & E Solution: 1.5 – 2 mL/day in 1 or 2 divided doses.*#
	*Prescription is based on vitamin A component, which would provide a dose between 3315-4420
	units/day. (2) (ANMF consensus)
	#The prescribed dose provides 153 to 204 units/day of vitamin E. Although this vitamin E intake is
	considered excessive, these doses have been used in neonates without any reported toxicity. (3)
Dose adjustment	Therapeutic hypothermia – No information.
	ECMO – Not applicable.
	Renal impairment - No information.
	Hepatic impairment – No information.
Maximum dose Total cumulative	
dose	
Route	Oral
Preparation	No preparation is required.
Administration	Oral: Administer undiluted with a feed.
Monitoring	
Contraindications	Hypersensitivity to vitamins A or E, or any component of the formulation, hypervitaminosis A.
Precautions	Vitamin E interacts with iron and other oxidants or any polyunsaturated fatty acids.
	Vitamin E can increase serum bilirubin.
Drug interactions	Vitamin A may increase effects of anticoagulant and antiplatelet agents.
	Iron - Lowers bioavailability of Vitamin E.
	Vitamin E may increase the effects of vitamin K antagonists and antiplatelet agents.
Adverse reactions	Hypervitaminosis A: Irritability, vomiting, bulging fontanelle.
	Vitamin E: Sepsis, necrotising enterocolitis
Compatibility	Not applicable
Incompatibility	Not applicable
Stability	
Storage	Protect from light (all forms). Store below 25°C (room temperature)
Excipients	Bio-Logical Vitamin A & E oral solution contains sodium benzoate. Avoid exposure to sodium benzoate of
	>99 mg/kg/day in neonates.
Special comments	
Evidence	See individual Vitamin A and Vitamin E monographs for evidence summaries.
Practice points	
References	1. https://dietarysupplementdatabase.usda.nih.gov/Conversions.php. Accessed on 17 November 2021.

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	Retrolental fibroplasia: efficacy of vitamin E in a double-blind clinical study of preterm infants. New
	England journal of medicine. 1981 Dec 3;305(23):1365-71.

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