

## CLINICAL POLICIES AND PROCEDURES

NEWBORN USE ONLY  
GIVEN ON DOCTORS ORDER ONLYPOLYSTYRENE SULPHONATE RESINS  
(SODIUM RESONIUM A, CALCIUM RESONIUM)

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| DESCRIPTION      | <p>A cation exchange resin. Mainly acts in the large intestine. May take hours to see the effect. Two preparations are available.</p> <ol style="list-style-type: none"><li>1. <b>Sodium Resonium A</b> is a sodium polystyrene sulfonate (sodium exchange resin)</li><li>2. <b>Calcium Resonium</b> is a calcium polystyrene sulfonate (calcium exchange resin)</li></ol> |
| USE              | <p>Hyperkalemia when plasma potassium &gt; 7.5mmol/l</p> <ol style="list-style-type: none"><li>1. Use Resonium A if plasma sodium within normal limits.</li><li>1. Use Calcium Resonium if plasma sodium high.</li></ol> <p><b>Insulin + 25%dextrose is more reliable to reduce and sustaine lower serum potassium level!</b></p>  |
| PRESENTATION     | Powder of Resonium A and Calcium Resonium  |
| DOSE             | 0.5gm/kg 12 hourly   |
| ROUTE            | RECTAL   |
| RECONSTITUTION   | Dissolve each gramm of powdered medication in 1ml of water for injection.  |
| ADMINISTRATION   | <p>Retention enema</p> <p><b><i>Ensure evacuation of accumulated resonium by colonic irrigation after 8-12hours.</i></b></p>   |
| STORAGE          | Room temperature   |
| MONITORING       | Serum electrolytes   |
| ADVERS EFFECT    | <p>Hypokalemia, hypernatremia, hypocalcemia. Nausea, vomiting, constipation, diarrhea. Perforation of the rectum.</p> <p><b>Watch for waterload in tiny babies if resonium is frequently used.</b></p>   |
| CONTRAINDICATION | NEC, strictures, fistula   |

## REFERENCE

Young TE, Magnum B: Neofax: A Manual of drugs used in neonatal care, ed 17. Raleigh, North Carolina: Acorn Publishing, USA, 2004, p 131.  
Neonatal Formulary 5, Drug use in Pregnancy and First Year of Life, 2007, Blackwell Publishing