

**GAVISCON**

<b>Trade Name</b>	Gaviscon Infant.
<b>Class</b>	Antacid
<b>Mechanism of Action</b>	Sodium alginate preparation that floats on top of the refluxate. It may provide protection to the oesophagus and stomach.
<b>Indications</b>	Gastro-oesophageal reflux, regurgitation or spilling
<b>Contraindications</b>	Hypernatraemia Transpyloric feeds Continuous or hourly gastric feeds <1500g – Na content may be too high, consider other feeding strategies for reflux
<b>Supplied As</b>	<b>Double dose sachet contains 2 separate doses.</b> Each single dose contains 225mg sodium alginate and 87.5mg magnesium alginate as active ingredients. Also contains mannitol and colloidal silica. Each single dose equivalent to 1 mmol of sodium.
<b>Dilution</b>	< 4.5kg      mix 1 dose with 5 mL of milk or water > 4.5kg      mix 2 doses with 10 mL of milk or water  It will be thick and may need to be syringed over 2-3 min Mix just prior to the feed and do not share between patients Note that mixing with water and giving over and above feed volumes can add an extra 10-20ml/kg/day to the total daily fluid intake
<b>Dosage</b>	<b>1.5-2.5kg</b> 2mL with each feed <b>2.5-4.5kg</b> 4 mL with each feed <b>&gt;4.5kg</b> 8 mL with each feed  Usually 7-8 doses a day with a maximum of 12 doses a day In preparation for discharge round the dose to full sachets ie: 1 sachet (5mL) or 2 sachets (10mL) depending on the weight
<b>Interval</b>	Giving the dose immediately following feeds is the usual practice, but may need to be given immediately prior to a feed if the baby is uncomfortable during feeds.  Gaviscon can be mixed with feeds and will increase the thickness which may interfere with normal sucking efficiency. It is recommended to be given via a syringe.
<b>Administration</b>	Oral
<b>Incompatible With</b>	No interactions reported. Large doses of antacids interfere with absorption of some drugs.

<b>Monitoring</b>	<p>If the sodium level is high calculate the sodium content from the Gaviscon and other medications</p> <p>Recommend weekly sodium on a gas to monitor levels if 2 hourly feeds with Gaviscon and getting 12 doses a day</p>
<b>Stability</b>	Prepare immediately before use. Does not contain preservative
<b>Storage</b>	Store below 30°C.
<b>Adverse Reactions</b>	<p>Very rare. Overdose usually presents no hazard. The only likely consequence is abdominal distention, which is best treated conservatively. Hyponatraemia is a rare but possible adverse effect of Gaviscon treatment particularly for babies who are on 2 hourly feeds with Gaviscon in them. Recommend weekly monitoring of serum sodium.</p>
<b>Comments</b>	<p>Antacids may reduce the bioavailability of Ranitidine and decrease its hepatic metabolism. Therefore ensure a 2-hour gap between administration of Ranitidine and Gaviscon.</p> <p>Infant Gaviscon should be used in all children under 2 years since it contains less sodium than other Gaviscon preparations. This is particularly important in preterm infants.</p> <p>Note: RDI Preterm &amp; ELBW /VLBW Sodium 3-5mmol/kg/day RDI : Term Infants 0-3 months : 1-2 mmol/kg/day</p>
<b>References</b>	<ol style="list-style-type: none"> <li>1. Neonatal and Paediatric Pharmacists Group: Medicines for Children, 1999, RCPCH Publications, London.</li> <li>2. Gaviscon Infant product insert.</li> </ol>
<b>Updated By</b>	<p>H Little, B Robertshawe October 2005 H Little, B Robertshawe, A Lynn December 2008 A Lynn, B Robertshawe October 2012 (re-order profile) A Lynn, N Clark (Dietitian), B Robertshawe August 2021 (dose review)</p>