CALCIUM CARBONATE

Trade Name	Cacit [®] 500 Teva (Belgium)
	Calcium Carbonate (Hexal)
	Calcium Sandoz Forte 500mg –(this brand is not recommended for use in neonates see comments section below.)
Class	Mineral; electrolyte
Mechanism of Action	Membrane stability (protective if hyperkalaemia); neural and muscle depolarisation; bone formation.
Indications	Hypocalcaemia, Hyperphosphataemia in renal failure (rare)
Contraindications	Hypercalcaemia. Caution in digitalised patient and in renal/cardiac failure
Supplied As	500 mg effervescent tablets (12.5 mmol of elemental calcium)
Dilution	Dissolve ONE tablet in 20mL of sterile water. Wait for the bubbles to stop. Make volume up to 25mL with water. Mix well. This makes a 0.5 mmol/mL solution
Dose	2mmol elemental calcium/kg/day
Interval	8-12 hourly
Administration	Oral– give separately to other medicines because calcium may bind to the other medicine and absorption of one or both medicines may be reduced.
Compatible With	N/A.
Incompatible With	N/A
Monitoring	Calcium levels, magnesium levels
Stability	Discard remaining solution after use.
	Make a fresh solution for each dose.
Storage	Store tablets at room temperature in closed airtight original container prior to use.
Adverse Reactions	Gastric irritation, diarrhoea, NEC
Metabolism	Renal excretion. 50% of blood Ca is ionised; 40% bound to Alb; 10% complexed with bicarb, citrate, phosphate.

Comments	Effervescent calcium tablets are currently unregistered in NZ ie section 29 prescribing and outpatient funding restrictions apply.
	Each Cacit 500 tablet contains:
	1250mg calcium carbonate
	= 12.5mmol (500mg) of elemental calcium.
	(sodium content less than 1 mmol /tablet)
	Each Calcium Carbonate 500mg (Hexal brand) tablet contains: 1250 mg calcium carbonate
	 = 12.5mmol (500 mg) of elemental calcium
	(sodium content 56.5mg = 2.45mmol /tablet)
	Avoid use of Calcium Sandoz Forte 500 in neonates and paediatrics due to high sodium content = 12.5mmol of elemental sodium /tablet
	If neonate is hypo-calcaemic, also correct hypomagnesaemia if present.
	Early hypocalcaemia is common in asphyxiated, preterm babies and infants of diabetic mothers: Treatment of asymptomatic infants is controversial.
References	 The Northern Neonatal Network, Neonatal Formulary 11th Edition 2000; Auckland Medicines Information Service; Calcium Oral Solution Guideline. <u>https://deputyprimeminister.gov.mt/en/poyc/Documents/New%20content%20VA/PILs/SCAN%20-%20Calcium%20500%20mg%20HEXAL%20PIL.pdf</u> <u>www.nzf.org.nz</u>
Updated By	P Schmidt, B Robertshawe A Lynn, B RobertshaweJune 2005 July 2007, Feb 2011, June 2012 (re-order profile) March 2021 (Change of brand & strength) April 2022 (update on brands, sodium content)