

# folic acid

## 500microgram tablet

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### Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

### Synonyms

Folate

### Dose and Indications

**Folate supplementation in neonates born < 34 weeks gestation OR < 2000g not receiving fortified breast milk or preterm formula.**

#### Oral

50microgram daily

To be commenced when tolerating enteral feeds of 150mL/kg daily.

Continue until term corrected age OR until discharge if this is earlier.

### Haemolytic anaemia

#### Oral

250microgram/kg daily

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South Australian Neonatal Medication Guidelines Workgroup at:  
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## 500microgram tablet

### Preparation and Administration

#### Oral

##### For doses less than 500micrograms

Disperse one tablet (500micrograms) in 2.5mL of sterile water. The resulting solution contains 200microgram/mL folic acid.

Dose	50microgram	250microgram	300microgram	400microgram	500microgram
Volume	0.25mL	1.25mL	1.5mL	2mL	2.5mL

Prepare a fresh solution for each dose.

##### For doses above 500micrograms

Disperse two tablets (1000micrograms) in 5mL of sterile water. The resulting solution contains 200microgram/mL folic acid.

Dose	600microgram	700microgram	800microgram	900microgram	1000microgram
Volume	3mL	3.5mL	4mL	4.5mL	5mL

Prepare a fresh solution for each dose.

### Adverse Effects

#### Rare

Rash, bronchospasm, fever, nausea, diarrhoea

### Practice Points

- > Do not give alone for vitamin B12 deficiency states.
- > Caution in patients with suspected but undiagnosed anaemia, since folic acid may obscure the diagnosis of pernicious, aplastic or normocytic anaemia by alleviating haematologic manifestations while allowing neurologic complications to progress.
- > Folic acid may decrease phenytoin serum levels, possibly via some alteration of metabolism, decreasing seizure control. Monitor serum phenytoin levels and observe the patient for sub therapeutic or toxic effects if folic acid is added to or discontinued from the treatment regimen.

### Version control and change history

**PDS reference:** OCE use only

Version	Date from	Date to	Amendment
1.0	July 2013	current	Original version

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