For children: The recommended daily dosage is 40 mg/kg (1 g per 55 lb) of body weight. The dose, calculated by body weight, should be dissolved in a sufficient volume of 5% Dextrose Injection, USP or Sodium Chloride Injection, USP to bring the final concentration of edetate disodium to not more than 3%. The intravenous infusion should be regulated so that three or more hours are required for completion and the cardiac reserve of the patient is not exceeded. The maximum dose is 70 mg/kg per 24-hour period.

OVERDOSAGE

Because of the possibility that Edetate Disodium Injection, USP may produce a precipitous drop in the serum calcium level, a source of calcium replacement suitable for intravenous administration (such as calcium gluconate) should be instantly available at the bedside before edetate disodium is administered. Extreme caution is dictated in the use of intravenous calcium in the treatment of tetany, especially in digitalized patients because the action of the drug and the replacement of calcium ions may produce a reversal of the desired digitalis effect.

HOW SUPPLIED

Endrate (Edetate Disodium Injection, USP), (List No. 6940) is supplied in 20 ml ampuls, in boxes of 5.

Caution: Federal (USA) law prohibits dispensing without prescription.

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Abbott Laboratories
North Chicago, IL60064, USA

ABBOTT HOSPITAL PRODUCTS

Endrate®

EDETATE DISODIUM INJECTION, USP

A Clinical Chelating Agent

IMPORTANT — Solution must be diluted before administration. Do not exceed recommended dosage or rate of administration. Before use, please read carefully the section on Warnings, Precautions, Dosage and Administration.

Ampuls

WARNING

The use of this drug in any particular patient is recommended only when the severity of the clinical condition justifies the aggressive measures associated with this type of therapy.

DESCRIPTION

Endrate (Edetate Disodium Injection, USP) is a sterile solution of the disodium salt of a synthetic chemical, ethylenediamine tetraacetic acid (EDTA) and water for injection. Each ml contains edetate disodium 150 mg. pH adjusted with sodium hydroxide.
1.38 mOsm/ml (approx.). Approximate pH 7.0

ACTIONS

Edetate Disodium Injection, USP forms chelates with the cations of calcium and many divalent and trivalent metals. Because of its affinity for calcium, edetate disodium will produce a lowering of the serum calcium level during intravenous infusion. Slow infusion over a protracted period may cause mobilization of extracirculatory calcium stores. The chelate thus formed is excreted in the urine. Edetate disodium exerts a negative inotropic effect upon the heart.

Edetate disodium likewise forms chelates with other polyvalent metals and produces increases in urinary excretion of magnesium, zinc and other trace elements. It does not form a chelate with potassium but may reduce the serum level and increase urinary loss of potassium.

INDICATIONS

Endrate (Edetate Disodium Injection, USP) is indicated in selected patients for the emergency treatment of hypercalcemia and for the control of ventricular arrhythmias associated with digitalis toxicity.

CONTRAINDICATIONS

Endrate (Edetate Disodium Injection, USP) is contraindicated in anuric patients. It is not indicated for the treatment of generalized arteriosclerosis associated with advancing age.

WARNINGS

See box warning statement, page 1.

Rapid intravenous infusion or attainment of high serum concentration of edetate disodium may cause a precipitous drop in the serum calcium level and may result in fatality. Toxicity appears to be dependent upon both total dosage and speed of administration. The rate of administration and dosage should not exceed that indicated in Dosage and Administration.

Because of its irritant effect on the tissues and because of the danger of serious side effects if administered in the

undiluted form, Endrate (Edetate Disodium Injection, USP) should be diluted before infusion (see Dosage and Administration section).

Renal excretory function should be assessed prior to treatment. Periodic BUN and creatinine determinations and daily urinalysis should be performed on patients receiving this drug.

Because of the possibility of inducing an electrolyte imbalance during treatment with edetate disodium, appropriate laboratory determinations and studies to evaluate the status of cardiac function should be performed. Repetition of these tests is recommended as often as clinically indicated, particularly in patients with ventricular arrhythmia and those with a history of seizure disorders or intracranial lesions. If clinical evidence suggests any disturbance of liver function during treatment, appropriate laboratory determinations should be performed and withdrawal of the drug may be required.

The oxalate method of determining serum calcium tends to give low readings in the presence of edetate disodium; modification of this method, as by acidifying the sample or use of a different method may be required for accuracy. The least interference will be noted immediately before a subsequent dose is administered.

Usage in Pregnancy: Safe use of edetate disodium has not been established with respect to adverse effects on fetal development. Therefore, it should be used in women of childbearing potential and particularly during early pregnancy only when, in the judgment of the physician, the potential benefits outweigh the possible hazards.

PRECAUTIONS

After the infusion of edetate disodium, the patient should remain in bed for a short time because of the possibility of postural hypotension.

The possibility of an adverse effect on myocardial contractility should be considered when administering the drug to patients with heart disease. Caution is dictated in

the use of this drug in patients with limited cardiac reserve or incipient congestive failure.

Edetate Disodium Injection, USP therapy should be used with caution in patients with clinical or subclinical potassium deficiency states. In such cases it is advisable to perform serum potassium blood levels for possible hypokalemia and to monitor ECG changes.

The possibility of hypomagnesemia should be kept in mind during prolonged therapy.

Treatment with edetate disodium has been shown to cause a lowering of blood sugar and insulin requirements in patients with diabetes who are treated with insulin.

ADVERSE REACTIONS

Gastrointestinal symptoms such as nausea, vomiting and diarrhea are fairly common following administration of this drug. Transient symptoms such as circumoral paresthesia, numbness and headache and a transient drop in systolic and diastolic blood pressure may occur. Thrombophlebitis, febrile reactions, hyperuricemia, anemia, exfoliative dermatitis and other toxic skin and mucous membrane reactions have been reported.

Nephrotoxicity and damage to the reticuloendothelial system with hemorrhagic tendencies have been reported with excessive dosages.

DOSAGE AND ADMINISTRATION

For adults: The recommended daily dosage is 50 mg/kg of body weight to a maximum dose of 3 g in 24 hours. The dose, calculated by body weight, should be dissolved in 500 ml of 5% Dextrose Injection, USP or Sodium Chloride Injection, USP. The intravenous infusion should be regulated so that three or more hours are required for completion and the cardiac reserve of the patient is not exceeded. A suggested regimen includes five consecutive daily doses followed by two days without medication, with repeated courses as necessary to a total of 15 doses.