

Guidance on Administration of Intramuscular Pabrinex

Pabrinex is a high dose combination of several B vitamins and vitamin C. **Intramuscular Pabrinex** is used for the **prophylaxis** of Wernicke's Encephalopathy (WE), in addition to oral thiamine supplementation. **This is an important clinical intervention and intramuscular Pabrinex can be administered in the community/general practice setting.**

*N.B. Intravenous Pabrinex is used for the treatment of WE, and should not be given in the community. **If WE is suspected, the patient must be transferred immediately to an acute hospital for treatment doses of intravenous Pabrinex.***

Please see [Pabrinex Prescribing Scoring System](#) for guidance on when to prescribe Pabrinex.

Intramuscular Pabrinex injection comes in pairs of ampoules:

- Ampoule 1 (5ml) contains: 250mg thiamine (B1), 4mg of riboflavin (B2) and 50mg of pyridoxine hydrochloride (B6)
- Ampoule 2 (2ml) contains: 500mg ascorbic acid (C) and 160mg nicotinamide (B3)

Storage:

Intramuscular Pabrinex should be stored in a refrigerator at 2-8 degrees Celsius. Do not freeze. If taken out of the fridge, the shelf-life is maximum of one month.

Administration:

1. **Facilities for treating anaphylaxis, including intramuscular adrenaline, must be available when intramuscular Pabrinex is given.**
2. Remove intramuscular Pabrinex from the fridge one hour before use; it is less uncomfortable for the patient if the solution is at room temperature.
3. Check ampoules are in date and labelled for intramuscular use.
4. Explain the procedure to the patient and gain consent
5. This can be a painful injection and the patient should be reassured that this is quite normal.
6. Wash hands thoroughly before preparation and after giving injection. Gloves need not be worn for this procedure if the health worker's and patients skin are intact.
7. Prepare the skin site for the injection. (If the patient is physically clean and generally in good health, swabbing the skin is not required.) Wipe area with an alcohol wipe for 30 secs, let the area dry for 30 secs.
8. When drawing up the medication from the glass ampoules you should be using a blunt fill needle with 5 micro filters BN 1815F.
9. Draw contents of ampoules 1 and 2 into the same 10 ml syringe to mix, in order to give one 7ml injection.
10. Disperse air bubbles from the syringe.
11. When giving the deep intramuscular injection, it is preferable to use safety needle 21G x 2" (21G x 1 1/2" can be used for those patients with less muscle mass).
12. Position patient: usually lying in prone position, although some patients may prefer to stand.
13. Select injection site: this should be high in the gluteal muscle (ventrogluteal site), in the upper outer quadrant of the buttock, 5cm below the iliac crest.
14. Using Z-track technique, gently pull the skin 2.5-3.75cm, to displace the underlying tissue.
15. Position the needle at 90 degrees to the skin surface and insert.

16. Check for blood by slowly pulling back the plunger. If no blood appears then depress the plunger slowly; this aids absorption of the drug and reduces pain. Wait for 10 seconds to allow the drug to diffuse into the tissue and then quickly withdraw the needle and release skin at the same time.
17. Having already checked for allergies to plasters, apply a small plaster to the injection site as leakage often occurs.
18. Dispose of the used needle in a sharps container.
19. Observe the patient for allergic reactions for at least 15 minutes following the injection.

With repeated injections, vary injection sites as much as possible and avoid previous sites by at least 2.5cm.

Warnings:

Anaphylaxis has been noted rarely with administration of intramuscular Pabrinex, (1 report per 5 million pairs of IV ampoules; less for I/M injection). Facilities for treating anaphylaxis, including intramuscular adrenaline, must be available when intramuscular Pabrinex is administered.

Intramuscular Pabrinex is contra-indicated if a patient has experienced an allergic reaction from it previously. Initial warning signs of a reaction to intramuscular Pabrinex are sneezing or mild asthma, and those treating patients need to note that the administration of further injections to such patients may give rise to anaphylactic shock.

Caution should be exercised when prescribing for pregnant woman. Please refer to SPC, which can be accessed here, [SPC Pabrinex](#) and BNF for further details about intramuscular Pabrinex and side effects.