Alert	Vitamin A is expressed as microgram retinol activity equivalents (RAE) or international units (IU) or			
	1 microgram RAE = 1 microgram retinol = 3.3 units of retinol. ⁽³⁾			
Indication	Prevention of vitamin deficiency. Suggested age group: <32	Prevention of vitamin deficiency. Suggested age group: <37 weeks and/or hirthweight <2.5 Kg		
	Cholestasis			
Action	Multivitamin supplement			
Drug type	Multivitamin			
Trade name	Pentavite Infant liquid 0-3 years			
Presentation	Oral liquid			
	Each 0.45 mL contains:			
	Vitamin A	Retinol palmitate 0.723 mg (390 microgram RE)		
	Vitamin B1 (as thiamine hydrochloride)	540 microgram		
	Vitamin B2 (riboflavin) (from riboflavine sodium phosphate 1.1 mg)	810 microgram		
	Vitamin B3 (nicotinamide or niacin)	7.1 mg		
	Vitamin B6 (pyridoxine) (from pyridoxine hydrochloride	111 microgram		
	135 microgram)			
	Vitamin C (ascorbic acid)	42.8 mg		
Dasa	Vitamin D (colecalciferol)	10.1 microgram (400 units)		
Dose	A 45 ml daily NOTE: Dose not based on weight	hrants		
	Continue up to 12 months corrected age.			
	Cholestasis			
	Refer to Vitamins in cholestasis formulary.			
Dose adjustment				
Maximum dose	0.45 mL	0.45 mL		
Total cumulative dose				
Route	Oral or intra-gastric tube			
Preparation	No preparation required	No preparation required		
Administration	Do not shake the bottle.			
	Administer undiluted or mixed with a small amount of milk into infant's mouth through a feeding			
Monitoring		teat of via intra-gastric tube.		
Contraindications	Not yet tolerating full feeds	Not vet tolerating full feeds		
Precautions	Direct administration into the mouth may cause choking and appoea			
Drug interactions	, ,	•		
Adverse reactions				
Compatibility				
Incompatibility				
Stability	F Use within 9 weeks after opening.			
Storage	Store below 25°C. Protect from light.			
	Refrigerate after opening.			
Excipients	Sodium saccharin, pineapple flavour			
Special comments				
Evidence	No studies were located which examined the impact of mu	Itivitamin supplementation on any		
	outcomes in iow Dirth Weight (LBW) Infants.			
	supplementation with a neonatal multivitamin preparation containing vitamins A. D. C. B1. B2. B6.			
	pantothenic acid and niacin to all LBW infants receiving human milk from birth until the infant			
	attains a weight of 2000 g.			

	Many units provide a multivitamin preparation to all LBW infants until 6 to 12 months chronological age.	
	Vitamin D – There is evidence of reduced linear growth and increased risk of rickets in babies with a	
	birth weight < 1500 g fed un-supplemented human milk. There is no consistent benefit of increasing	
	the intake of vitamin D above 400 units per day.	
	There are no clinical trial data on the effect of vitamin D on key clinical outcomes in infants with a birth weight > 1500 g.	
Practice points	Pentavite [®] contains vitamin D, it may be used for later preterm or term infants at risk of vitamin D	
	deficiency. However, this may be better managed using single ingredient vitamin D preparations	
	(see Colecalciferol formulary).	
	For preterm infants the dose may be halved (i.e. 0.23 mL) and given twice daily to improve	
	tolerability.	
	Infants with cholestasis should receive additional vitamin D supplementation until cholestasis/fat	
	malabsorption resolves (see Colecalciferol formulary). Other fat-soluble vitamins may also require	
	supplementation.	
References	1. Product Information: Penta-Vite Multivitamins Oral Liquid. MIMSOnline. Accessed 18/07/2014.	
	2. Optimal feeding of low-birth-weight infants, technical review. Karen Edmond, MBBS, MSc	
	(Epidemiology), PhD. London School of Hygiene and Tropical Medicine, London, U.K. Rajiv Bahl,	
	MD, PhD. Department of Child and Adolescent Health and Development, WHO, Geneva.	
	3. https://dietarysupplementdatabase.usda.nih.gov/Conversions.php. Accessed on 17 November	
	2021.	
	4. <u>https://www.pentavite.com/product/multivitamin-infant-liquid/</u> . Accessed 04/07/2022.	

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