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## Vitamin d2 1. 25 mg

Generic name: ergocalciferol (vitamin D2) (ER goe kal SIF e role)Brand name: Calcidol, Calciferol, Drisdol, Vitamin D2 Medically reviewed Drugs.com on July 6, 2020 - Written by Cerner Multum What is ergocalciferol? Ergocalciferol is vitamin D2. Vitamin D helps the body absorb calcium. Ergocalciferol is used to treat hypoparathyroidism (decreased functioning of the parathyroid glands). It is also used to treat ergocalciferol rickets (softening of bones caused by vitamin D deficiency) or low blood phosphate levels (hypophosphatemia). Ergocalciferol can also be used for purposes not included in this drug guide. You should not take ergocalciferol if you have had an allergic reaction to vitamin D, or if you have high levels of calcium or vitamin D in your body, or a condition that makes it difficult for the body to absorb nutrients from food (malabsorption). Use only the recommended dose of ergocalciferol. Overdose can cause serious or life-threatening side effects. You should not take ergocalciferol if you have had an allergic reaction to vitamin D, or if you have high levels of calcium or vitamin D in your body (hypervitaminosis D); high levels of calcium in your blood (hypercalcemia); or any condition that makes it difficult for the body to absorb nutrients from food (malabsorption). Tell your doctor if you have ever had a heart condition; kidney disease; or electrolyte imbalance. Some forms of ergocalciferol may contain ingredients you should know about, such as peanuts or soybean oil, sugar, aspartame (phenylalanine), or certain food dyes. Ask your doctor before taking ergocalciferol if you are allergic to diabetes, or phenylketonuria (PKU). Too much vitamin D can harm your unborn baby, and your dose needs may vary during pregnancy. Tell your doctor if you are pregnant or become pregnant while taking ergocalciferol. Ergocalciferol may enter breast milk and cause side effects in a breastfeeding baby. Tell your doctor if you are breast-feeding. Do not give ergocalciferol to children without medical advice. Your child's dose depends on age, weight, diet and other factors. Follow all the instructions on the recipe label and read all drug guides or instruction sheets. Use only the recommended dose of ergocalciferol. It may be best to take ergocalciferol after a meal, but it may be vitamin D2 with or without food. Carefully measure the liquid medicine. Use the supplied dosing injector or use a medicated dosing device (non-kitchen spoon). You're going to need frequent medical examinations. Your doctor may start reducing your dose of ergocalciferol as your condition improves. Follow all instructions for adjusting the dose carefully. Certain there may be very little difference between safe and dangerous doses of the drug. Your doctor will determine how long you should be treated with this medicine. Drug. It may be only part of the overall treatment program, which includes dietary changes and taking calcium and vitamin supplements. Follow your doctor's instructions very closely. Learn about the foods you need to eat to make sure you have enough calcium and vitamin D in your diet. The dose of ergocalciferol may need to be adjusted when adjusting your diet. Store at room temperature, away from moisture, heat and light. Take the medicine as soon as possible, but skip the missed dose when it is almost time for the next dose. Do not take two doses at once. Seek emergency medical attention or call poison help at 1-800-222-1222. An overdose of vitamin D can cause serious or life-threatening side effects. Symptoms of overdose may include nausea, loss of appetite, thirst, urination more or less than usual, physical pain, stiffness, confusion or irregular heartbeat. Ask your doctor or pharmacist before taking any multivitamins, mineral supplements, or antacids while you are taking ergocalciferol. Seek emergency medical help if you notice signs of an allergic reaction: hives; difficulty breathing; swelling of the face, lips, tongue or throat. Stop taking vitamin D2 and call your doctor immediately if you have chest pain, shortness of breath; growth problems (in children taking ergocalciferol); or early signs of vitamin D overdose weakness, metallic taste in the mouth, weight loss, muscle or bone pain, constipation, nausea, and vomiting. Less serious side effects are more likely and may not be at all. This is not a complete list of side effects, and others may occur. Call your doctor for side effects. You may report side effects to FDA 1-800-FDA-1088. Certain drugs make it difficult for the body to absorb vitamin D. If you are taking other medicines, take them at least 2 hours before or 2 hours after taking ergocalciferol. Tell your doctor about all your other medicines, in particular: diuretic or water pills; or mineral oil (sometimes as a laxative). This list is incomplete. Other medications can affect ergocalciferol, including prescription and over-the-counter medications, vitamins, and herbal products. Not all possible drug interactions are listed here. Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medicine only for the prescribed indication. Always contact your healthcare provider so that the information on this page may also apply to your personal circumstances. Copyright 1996-2018 Cerner Multum, Inc. Version: 5.02. FREQUENTLY ASKED QUESTIONS Medical Disclaimer Ergocalciferol is usually taken orally once a day. With malabsorption of vitamin D analogues in patients with GI or biliary tract disease, im-administration of ergocalciferol may be necessary and manufacturers say it should not be administered orally Each mg of ergocalciferol corresponds to 40,000 USP units; each mcg of the drug is equivalent to 40 USP units. Manufacturers claim to use the drip provided with the 200 mcg/mL oral solution to deliver approximately 5 mcg/drop. The dose is expressed in weight (mg, mcg) or in units. During ergocalciferol therapy, dosage depends on the nature and severity of the patient's hypocalcaemia and should be grouped together to maintain serum calcium concentrations of 9-10 mg/dL. Serum calcium, phosphorus and BUN determinations should be determined every 2 weeks or more frequently as necessary. In patients with familial hypophosphatemia or hypoparathyroidism, manufacturers of ergocalciferol recommend that radiological examination of the bones be carried out each month until the condition stabilizes or is corrected; however, some clinicians believe that this is unnecessary. In adults and children nutritional rickets or osteomalacia and normal GI absorption, oral 25 mcg of ergocalciferol daily results in normal serum calcium and phosphate concentrations of about 10 days, radiological evidence of bone healing within 2-4 weeks, and a complete recovery of about 6 months. However, 50-125 mcg daily for 6-12 weeks is often administered for more rapid recovery. Diet should be corrected, and, after recovery has occurred, additional doses of ergocalciferol can be eliminated in patients with normal GI absorption. For adults with severe malabsorption and vitamin D deficiency, dosages of 250 mcg to 7.5 mg orally or 250 mcg IM per day were given to correct osteomalacia. For children with malabsorption, oral ergocalciferol dosages of 250-625 mcg per day are recommended. In infants with vitamin D deficiency in tetania and rickets, calcium should be administered orally or vitamin IV to control tetania. Vitamin D deficiency is then treated orally with 50-125 mcg of ergocalciferol per day until the bones are healed, or 250 mcg can be given daily for about 3 weeks. In rare cases, if compliance with ergocalciferol therapy is not predictable, a single 7.5-15 mg oral ergocalciferol has been used in the oil solution for the treatment of rickets in children. For children with family hypophosphatemia (vitamin D-resistant rickets), the usual initial oral dose of ergocalciferol is 1-2 mg per day of phosphate supplements; daily dose increases in increments of 250-500 mcg at intervals of 3-4 months until a proper response is received. After completion of growth, the dose of ergocalciferol can often be reduced. In adults, oral ergocalciferol dosages of 250 mcg to 1.5 mg per day were given phosphate supplements. In adults with Fanconi syndrome, oral ergocalciferol dosages of 1.25-5 mg (and in some patients 10 mg) were given daily together to treat acidosis. For children with Fanconi syndrome, oral ergocalciferol dosages of 625 mcg 1.25 mg daily Used. For the treatment of vitamin D-dependent rickets in adults, oral ergocalciferol dosages of 250 mcg to 1.5 mg per day are recommended; some patients may need up to 12.5 mg per day. However, prolonged dosages greater than 2.5 mg per day are likely toxic. Children may respond to oral dosages of 75-125 mcg per day; However, some require up to 1.5 mg daily. In patients with rickets or osteomalacia secondary antispasmodic therapy, oral ergocalciferol dosages of 50 mcg to 1.25 mg per day. Some clinicians recommend prophylactic administration of 25 mcg of ergocalciferol per day or 250 mcg per week to patients receiving long-term antispasmodic therapy. For patients with osteoporosis, oral ergocalciferol dosages of 25-250 mcg per day or 1.25 mg 2 times weekly have been used as calcium and fluoride supplements. In the treatment of hypoparathyroidism or pseudohypoparathyroidism in adults, oral ergocalciferol dosages of 625 mcg to 5 mg (and some patients up to 10 mg) per day may require calcium supplements and/or IM or IV parathyroid hormone. Children with hypoparathyroidism or pseudohypoparathyroidism are usually treated with 1.25-5 mg of oral ergocalciferol per day and calcium supplements. Prolonged use of ergocalciferol dosages greater than 2.5 mg per day in adults or children is likely toxic to toxicity. Dosing should be gradually reduced as serum calcium concentrations approach normal. For the treatment of early kidney osteodystrophia in adults with kidney failure, an initial oral ergocalciferol dose of 500 mcg per day is recommended. The dose should then be adjusted to the serum calcium concentration. To maintain normal serum calcium concentration, oral ergocalciferol dosages of 250 mcg to 7.5 mg ergocalciferol are recommended; However, some patients need up to 12.5 mg daily. In children with kidney failure, oral ergocalciferol dosages of 100 mcg to 1 mg daily have been used to maintain normal serum calcium concentrations. The American Academy of Pediatrics (AAP) recommends that all infants, children and adolescents have a minimum daily intake of vitamin D of 400 units. This recommendation replaces the previous recommendation on the minimum daily intake (appropriate intake) of 200 unit-rich vitamin D. An adequate intake (AI) of vitamin D (in terms of cholecalciferol or ergocalciferol) is currently recommended by the National Academy of Sciences (NAS) for healthy adults from 19 to 50 years of age at 5 mcg (200 units) per day. For healthy adults 51-70 or older than 70 years old, NAS recommends an AI of 10 or 15 mcg (400 or 600 units) per day, respectively. For breastfed or partially breastfed infants, AAP recommends a supplement dose of 400 units of vitamin D per day starting in the early days of life; Vitamin D supplementation continues throughout childhood until and consumes at least 1 L or litre of vitamin D-enriched formula or milk per day. Infants and older children who consume less than 1 L of vitamin D-enriched formula or milk per day should receive a supplement dose of 400 units of vitamin D per day. Other dietary sources of vitamin D can also be included in the child's dietary intake. Adolescents who do not consume 400 units of vitamin D per day of vitamin D-enriched milk or foods should receive a supplement serving of 400 units of vitamin D per day. Children at increased risk of vitamin D deficiency (e.g. those with fat absorption disorders, those receiving antispasmodic therapy) may need higher doses of additional vitamin D to achieve normal vitamin D status. Since exposure to sunlight decreases significantly during the winter, young adults aged 19-50 who live in the northern latitudes (above 40°N) may become deficient in vitamin D. Therefore, to cover the needs of almost all adults aged 19-50, NAS recommends vitamin AI vitamin D at 5 mcg (200 units) per day. Adults aged 51-70 years also depend on sunlight for most vitamin D requirements, but this age group is more prone to developing vitamin D deficiency because of various factors that reduce skin production of the vitamin. Intake of vitamin D in excess of 2.5 mcg (200 units) per day appears to be necessary to prevent a higher rate of bone loss during low sun exposure periods in adults aged 51-70 years. With vitamin D intake exceeding 5.5 mcg (220 units) per day in this age group, there was no seasonal change in serum parathyroid hormone (PTH) concentration, an indicator of vitamin D status. Therefore, to cover the needs of almost all adults aged 51-70, NAS recommends vitamin D at 10 mcg (400 units) per day. The current evidence is strong that geriatric adults have a high risk of vitamin D deficiency, which causes secondary hyperparathyroidism, osteomalacia, exacerbation of osteoporosis, and increased bone fractures, and that supplementation doses of 10-20 mcg (400-800 units) per day can be

helpful. Based on the available evidence, the NAS concluded that with a daily intake of 7.5 mcg (300 units) of vitamin D e- Therefore, to cover the needs of almost all adults in this age group, NAS recommends a vitamin A1 of vitamin D of 15 mcg (600 units) per day for adults older than 70 years of age, regardless of the extent to which exposure to sunlight or body stores the vitamin. In adults with severe malabsorption syndromes, at least a 5-10-fold increase in the physiological dose of ergocalciferol is usually necessary to prevent osteomalacia, and some clinicians recommend oral ergocalciferol dosages of 250 mcg to 2.5 mg per day. In some patients, im-administration of the drug may be beneficial. NAS states that women, pregnant or not, do not require vitamin D supplementation if they receive adequate sun exposure. Therefore, the NAS states that vitamin D file should not be increased during pregnancy; instead, pregnant women may receive the usual A1 appropriate to their age. However, at 10 mcg (400 units) per day, that prenatal vitamins would not be excessive. Breastfeeding women also seem to have no increased requirement for vitamin D. Therefore, the NAS concluded that it is reasonable to extrapolate from the observations of non-lacquer women that 5 mcg (200 units) of A1 per day is needed if sun exposure is inadequate. However, the 10 mcg (400 units) per day that postpartum vitamins would not be excessive. The appropriate intake of vitamins D, vitamins D, vitamins and vitamins

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