


MICROLAX®

Indication	<ul style="list-style-type: none"> Promote meconium passage¹ Short-term management of constipation² 										
RECTAL	Presentation <ul style="list-style-type: none"> Enema: (contains sorbitol 3.125 g, sodium citrate 450 mg, sodium lauryl sulfoacetate 45 mg in 5 mL³) 										
	Dosage <ul style="list-style-type: none"> Single dose once <table border="1"> <thead> <tr> <th>*Current gest age (weeks) and/or weight (kg)</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>Less than 28+0 weeks <i>OR</i> less than 1 kg</td> <td>0.5 mL</td> </tr> <tr> <td rowspan="2">28+0 or more weeks <i>AND</i></td> <td>1–1.5 kg</td> <td>0.75 mL</td> </tr> <tr> <td>more than 1.5 kg</td> <td>1 mL</td> </tr> </tbody> </table> <p><i>*Current gestational is the same as post menstrual age (PMA)</i></p>		*Current gest age (weeks) and/or weight (kg)	Dose	Less than 28+0 weeks <i>OR</i> less than 1 kg	0.5 mL	28+0 or more weeks <i>AND</i>	1–1.5 kg	0.75 mL	more than 1.5 kg	1 mL
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Preparation <ul style="list-style-type: none"> Nil required 											
Administration (method 1) <ul style="list-style-type: none"> NGT attached to feeding syringe <ul style="list-style-type: none"> Withdraw solution from microlax tube using luer lock medication syringe Decant into feeding syringe (compatible with 8 Fr (French gauge) feeding tube) and attach to feeding tube Prime feeding tube until prescribed dose volume remains in syringe Lubricate tip of feeding tube and insert tip 1–2 cm into anal introitus Hold buttocks together during administration to reduce leakage 											
Administration (method 2) <ul style="list-style-type: none"> Clot catcher attached to medication syringe <ul style="list-style-type: none"> Withdraw solution from microlax tube using luer lock medication syringe Attach syringe to clot catcher and prime until prescribed dose volume remains in syringe Lubricate tip of feeding tube and insert into anal introitus and advance to full clot catcher depth Hold buttocks together during administration to reduce leakage 											
Special considerations	<ul style="list-style-type: none"> No increased risk of rectal perforation or NEC^{1,4} Evidence for preterm dosage limited¹ 										
Monitoring	<ul style="list-style-type: none"> Passing of bowels or meconium Abdominal X-ray as indicated by clinical condition 										
Compatibility	<ul style="list-style-type: none"> Nil known 										
Incompatibility	<ul style="list-style-type: none"> Nil known 										
Interactions	<ul style="list-style-type: none"> Nil significant 										
Stability	<ul style="list-style-type: none"> Store at room temperature less than 30°C² Discard remaining solution 										
Side effects	<ul style="list-style-type: none"> Digestive: minimal due to localised action in the rectum¹ 										
Actions	<ul style="list-style-type: none"> Saline laxative containing poorly absorbed ions (e.g. magnesium, sulfate, phosphate citrate)⁵ <ul style="list-style-type: none"> Retains fluid in the colon by osmotic effect and stimulates peristalsis⁵ Onset of effect within 30 minutes^{2,3} In VLBW: <ul style="list-style-type: none"> Aids passage of meconium and abdominal distention⁴ Aims to improve feed tolerance and shorten time to full enteral feeds¹ Usage associated with earlier meconium evacuation (clinical significance uncertain)⁴ 										
Abbreviations	VLBW: very low birthweight, NGT: nasogastric tube, NEC: necrotizing enterocolitis										
Keywords	neonatal medicine, neonatal monograph, Microlax®, Coloxyl®, poloxamer, constipation, laxative, aperient, peristalsis,										

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

References

1. Gross M, Hummler H, Haase B, Quante M, Wiechers C, Poets CF. Interventions for promoting meconium passage in very preterm infants-a survey of current practice at tertiary neonatal centers in Germany. *Children (Basel)* 2022;9(8).
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4. Burchard PR, Lay R, Ruffolo LI, Ramazani SN, Walton JM, Livingston MH. Glycerin suppositories and enemas in premature infants: a meta-analysis. *Pediatrics* 2022;149(4).
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Document history

ID number	Effective	Review	Summary of updates
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