


Infloran (*Bifidobacterium bifidum* and *Lactobacillus acidophilus*)

Indication	<ul style="list-style-type: none"> • Prevention of severe necrotising enterocolitis (NEC)¹, late onset sepsis², NEC related mortality¹ • Indicated if: <ul style="list-style-type: none"> ○ Less than 32+0 weeks OR birth weight less than 1500 grams AND ○ Less than 42 days of life AND ○ Has tolerated enteral feeds for 48 hours or more OR if enteral feeds ceased and restarted, has tolerated for 24 hours or more 	
ORAL	Presentation <ul style="list-style-type: none"> • Capsule: 250 mg 	
	Dosage <ul style="list-style-type: none"> • When enteral feed is less than or equal to 4 mL every 3 hours³ give: <ul style="list-style-type: none"> ○ 125 mg (HALF a capsule) daily for 42 days 	
	Preparation <ul style="list-style-type: none"> • When enteral feed is more than 4 mL every 3 hours³ give: <ul style="list-style-type: none"> ○ 250 mg (ONE capsule) daily for 42 days ○ 125 mg (half capsule) <ul style="list-style-type: none"> ○ Add contents of one capsule to 2 mL of milk feed or water for injection ○ Discard 1 mL (prescribed dose in remaining 1 mL) ○ 250 mg (one capsule) <ul style="list-style-type: none"> ○ Add contents of one capsule to 2 mL of milk feed or water for injection 	
	Administration <ul style="list-style-type: none"> • Do not warm • Oral/OGT/ NGT immediately after reconstitution • Follow with remaining feed volume 	
Special considerations	<ul style="list-style-type: none"> • Optimal protocol (dose, timing, duration, birthweight, gestational age and feeding regimen) is uncertain^{4,5} <ul style="list-style-type: none"> ○ Other protocols reported to be efficacious and are suitable for use • Caution if gut integrity compromised (e.g. diarrhoea lasting more than 12 hours) • Cease when receiving all suck feeds or after 42 days⁶ of administration of infloran (whichever occurs first) • Increase dosage (from half to one capsule) when feed volume more than 4 mL every 3 hours • Contains 1 billion CFU 	
Monitoring	<ul style="list-style-type: none"> • Feed intolerance (abdominal distension, diarrhoea, vomiting)³ 	
Compatibility	<ul style="list-style-type: none"> • Breast milk, formula milk, water for injection⁷ 	
Incompatibility	<ul style="list-style-type: none"> • Nil known 	
Interactions	<ul style="list-style-type: none"> • Nil known 	
Stability	<ul style="list-style-type: none"> • Capsules <ul style="list-style-type: none"> ○ Store in fridge 2–8 °C⁷ ○ Discard any remaining product after opening 	
Side effects	<ul style="list-style-type: none"> • Risk of probiotic translocation and sepsis is higher in critically ill and/or extremely preterm neonates with potentially compromised gut integrity³ • Reduction in time to full enteral feeds¹ 	
Actions	<ul style="list-style-type: none"> • Live, non-pathogenic bacteria capable of colonising the gut mucosa and providing intestinal barrier protection from pathogenic bacteria 	
Abbreviations	CFU: colony forming units, EBM: expressed breast milk, NEC necrotising enterocolitis, OGT: orogastric tube, NGT: nasogastric tube,	
Keywords	Probiotic, infloran, NEC, necrotising enterocolitis, lactobacillus and bifidobacterium	

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

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6. Lin HC, Hsu CH, Chen HL, Chung MY, Hsu JF, Lien RI, et al. Oral probiotics prevent necrotizing enterocolitis in very low birth weight preterm infants: a multicenter, randomized, controlled trial. *Pediatrics* 2008;122(4):693-700.
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Document history

ID number	Effective	Review	Summary of updates
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