Guidelines for the Use of Preservative-Free Pharmaceuticals and Parenteral Fluids in Laboratory Animals

This guideline is intended to reiterate the NIH "best practices" used to ensure the sterility and the integrity of preservative-free pharmaceuticals and parenteral fluids administered to laboratory animals. Consideration of shorter storage times after opening a preservative-free pharmaceutical or parenteral fluid is warranted, due to the variety of conditions under which these products are stored and the potential for use of inappropriate aseptic technique¹⁻⁵. The US Pharmacopeia—National Formulary (USP-NF) states that opened containers of preservative-free saline for injection or IV fluids should be used within six (6) hours in an ISO Class 5 environment ⁵⁻⁹. Whereas, other sources indicate that the shelf life of opened containers may range up to eight weeks.^{5, 9, 10, 11} While the use of parenteral fluids past the 6-hour standard recommended by the USP can be viewed as low risk, the consequences of contaminated fluid administration can be animal morbidity or mortality²⁻⁵ as well as altered research data. The "best practices" listed below have been used at the NIH to safeguard the stability and efficacy of preservative-free products used in laboratory animals:

- Procurement of smaller volume containers of preservative-free pharmaceuticals or parenteral fluids (e.g., saline, Lactated Ringers Solution, water for injection, etc.) that can be handled as a single-use container or discarded at the end of the workday is recommended.
- However, a preservative-free parenteral fluid container that has been opened or accessed (e.g., needle-punctured) and which is not immediately discarded must be labeled with the date opened and a maximum "beyond use date" of not more than 28 days¹⁰⁻¹³ beyond the date of the opening or first access of the container, unless otherwise specified by the manufacturer..
- When provided, manufacturer instructions as to handling and discarding of reconstituted preservative-free pharmaceuticals must be followed to ensure the stability, and efficacy of the product.
- A preservative-free pharmaceutical or parenteral fluid container that has not been opened or accessed (e.g., needle-punctured), must be discarded in accordance with the manufacturer's expiration date.
- Preservative-free pharmaceutical or parenteral fluid containers containing dextrose, hetastarch, or heparin^{2,6,11,14,16} should be discarded by the end of the day the container was opened or accessed (e.g., needle-punctured).
- Preservative-free pharmaceutical or fluid containers should be stored in accordance with the manufacturer's recommendations. Storage location should also take into consideration the potential for environmental contamination; consider storing in a closed container, sealed baggie or cabinet^{5,12,13,15}.
- Containers and their contents should be examined prior to use for evidence of physical damage, contamination, abnormal particulate(s), discoloration, or abnormal turbidity⁹.
- Pharmaceutical or fluid containers found to have any of the following characteristics should never be used:
 - o Mislabeled,
 - o noticeable coring, damage or deterioration of the stopper or access diaphragm,
 - o outdated, or
 - improperly stored.
- Pharmaceutical or parenteral fluid containers must be discarded whenever sterility is compromised or questionable.

- Special attention must be paid to avoid contaminating the pharmaceutical or fluid container while penetrating the stopper or access diaphragm. The user should perform proper hand hygiene: by washing hands with soap and water, using hand sanitizers, and/or donning clean gloves. The stopper or access diaphragm of a fluid container must be cleaned with 70% alcohol^{1,5,11} and allowed to dry prior to each use, using care to avoid contaminating the cleaned area before penetrating the stopper^{1,2,5}.
- Only sterile needles, syringes, pipettes, and pipette tips shall be used to withdraw fluids from a container for parenteral administration^{1,11,13,15,16}.
- At no time shall a fluid container be reentered with a needle that has been previously used to inject an animal.
- Using one sterile needle to quickly fill multiple sterile syringes, without removing the needle from the container, can help protect the integrity of the stopper or access diaphragm. Care must be used when changing the syringe not to contaminate the needle hub or syringe tip². A needle which is not attached to a sterile syringe should not be left in the stopper or access diaphragm of a fluid container.
- The introduction of air into a container to facilitate withdrawal of the fluids should be kept to a minimum².

References:

- 1. Mattner, F. and Gastmeier, P. Bacterial Contamination of multiple-dose vials: A prevalence study; American Journal of Infection Control, Vol. 32, No. 1, pages 12-16, February 2004.
- 2. Nogler-Semenitz, E., Lass-Florl, C., Nogler, M., Speer, G. and Dierich, M. P. Bacterial Contamination of solutions for parenteral administration for single- and multiple-use vials after multiple use in the hospital; Wiener Medizinishe Wochenschrift, Vol. 157, No. 15-16, pages 398-401, 2007.
- 3. Matthews, K. and Taylor, D., Assessment of Sterility in Fluid Bags Maintained for Chronic Use; J. American Association for Laboratory Animal Science, Vol. 50, No. 5, Pages 708-712, September 2011.
- 4. Khalili, H., Sheikhbabayi, M., Samadi, N., Jamalifar, H., Dalili, D. and Samadi, N. Bacterial Contamination of Single- and Multiple-dose Vials after Multiple Use and Intravenous Admixtures in Three Different Hospitals in Iran; Iranian Journal of Pharmaceuitcal Research, Vol. 12, No. 1, pages 205-209, December 2011.
- 5. Guillaumin, J., Olp, N. M., Magnusson, K. D., Butler, A. L., and Daniels, J. B. Influence of hang time and location on bacterial contamination of intravenous bags in a veterinary emergency and critical care setting; Journal of Veterinary Emergency and Critical Care; Vol. 27, No. 5, pages 548-554, 2017.
- 6. Centers for Disease Control and Prevention (CDC). Epidemiologic notes and reports. Nosocomial bacteremias associated with intravenous fluid therapy–USA. 1971. MMWR Morbidity and Mortality Weekly Report, Vol. 20, No. 9, pages 81–82, 1971.
- 7. Rickard CM, Lipman J, Courtney M, et al. Routine changing of intravenous administration sets does not reduce colonization or infection in central venous catheters. Infection Control Hospital Epidemiology, Vol. 25, No. 8, pages 650–655, 2004.
- United States Pharmacopeia-National Formulary (USP42-NF37). USP General Chapter <797> *Pharmaceutical Compounding – Sterile Preparations*. May 1, 2018.<u>http://www.usp.org</u> (accessed 2-20-2021).
- 9. Turner P.V., Pekow C., Vasbinder M.A., Brabb T. Administration of substances to laboratory animals: equipment considerations, vehicle selection, and solute preparation. Journal of the American Association of Laboratory Animal Science, Vol. 50, No. 5, pages 614–627, September 2011.
- 10. Unpublished data (2016) of cultures of preservative-free fluids in use in two separate animal facilities. One facility's samples remained sterile for bacteria (anaerobes, aerobes and Mycoplasma)

and fungi for a total of 56 days. From 8 bottles, the average number of taps/bottle was 11.8 (range 5-33). The other facility tested several random use bags of preservative free fluids (5% Dextrose, Saline, water) after 30 days of use and were found negative for colony forming units.

- CDC, 2012. Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases. Division of Healthcare Quality Promotion Single-dose/Single-use Vial Statement and Messages, May 2, 2012. http://www.cdc.gov/injectionsafety/CDCposition-SingleUseVial.html (accessed 2-20-2021).
- 12. Simonek, G., Alarcio, G. G. and Brignolo, L.L. Sterility and Stability of Diluted Carprofen in a multidose vial in the Laboratory Animal Setting; Journal of the American Association of Laboratory Animal Science, Vol. 56, No. 3, pages 296-298, May 2017.
- 13. Kawano, H.K., Siomonek, G.D., Moffitt, A.D., Tahara, J.M. and Brignolo, L.L. Sterility and Stability of Diluted Meloxicam in Compounded Multi-dose Vial after 365 Days; Journal of the American Association of Laboratory Animal Science, Vol. 58, No. 5, pages 594-596, September 2019.
- 14. Martin, E. P., Mukherjee, J., Sharp, C. R., and Sinnott-Stutzman, V. B. Evaluation of the sterility of single-dose medications used in a multiple-dose fashion; Canadian Veterinary Journal, Vol. 58, pages 1187-1190, November 2017.
- 15. CDC, 2018, Centers for Disease Control and Prevention, Infection Prevention and Control in Dental Settings, Standard Precautions, Safe injection Practices <u>https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html</u> (accessed 2-20-2021).
- Gallardo, A. R., Meneghetti, G., Ragazzoni, L., Kroumova, V., Ferrante, D., Ingrassia, P.L., Ruzza, P., Dell'Era, A., Boniolo, E., Koraqe, G., Faggiano, F. and Della Corte, F. Multiple withdrawals from singleuse vials: A study on Sterility; International Journal of Pharmaceutics, Vol. 485, Pages 160-163, 2015.

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