**Gabapentin**

**100mg/mL Oral Suspension**

Last updated: April 2007

**Batch No:**

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Disclaimers: CAUTION: The information on The Hospital for Sick Children World Wide Web Site has been developed specifically for The Hospital for Sick Children. It is provided for informational purposes for qualified health care professionals. This material is not intended as a substitute for consulting qualified health care professionals. Patient circumstances will vary and some information may have become outdated as a result of more recent medical developments.

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Mfr</th>
<th>Lot #</th>
<th>Expiry Date</th>
<th>Quantity</th>
<th>Measured</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabapentin 300mg*</td>
<td>Novo</td>
<td></td>
<td></td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ora-Plus®</td>
<td>Paddock</td>
<td></td>
<td></td>
<td>25mL</td>
<td></td>
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</tr>
<tr>
<td>Ora-Sweet®</td>
<td>Paddock</td>
<td></td>
<td></td>
<td>25mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ora-Plus®/Ora-Sweet®</td>
<td>SickKids</td>
<td></td>
<td></td>
<td>qs 45mL</td>
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</tbody>
</table>

*Can also use Neurontin® (Parke-Davis), Pharmascience

**Equipment**

- Mortar and pestle
- Stirring rod
- Gloves x1 pair
- Shrink seal x1
- Cylinders 50mL x2
- Glass amber bottle 50mL x1
- Mask

**Procedure**

1. Measure out and mix together Ora-Plus® and Ora-Sweet®
2. Open up capsules and pour contents into the mortar grind powder very, very well with pestle.
3. Add Ora-Plus®/Ora-Sweet® mixture in small quantities until a smooth paste is formed. Add more vehicle to the paste until a liquid is formed. Transfer the contents into the graduate.
4. Use additional vehicle to rinse the remaining drug from the mortar and add it to the graduate.
5. Make up to the final volume with vehicle. Stir well.
6. Transfer the suspension into the amber bottle.
7. Label and affix shrink seal.

**Storage:** Room temperature  
**Expiry:** 56 days

**Sample Label:**

GABAPENTIN 100MG/ML ORAL SUSPENSION

L#:                              EXP:
SHAKE WELL                      ROOM TEMPERATURE (45ML)

Date and Signature (Technician and Pharmacist Final Check): __________________________  
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