

Elkins-Sinn

ESIPB104 (HEPARIN SODIUM INJECTION)

MANUFACTURER'S NAME: ELKINS-SINN, INC.
 2 ESTERBROOK LANE
 CHERRY HILL, NJ 08003-4099
 800-257-8349
 24 HR. EMERGENCY MEDICAL INFORMATION: 215-688-4400
 CHEM TREC USA, CAN, PR: 800-424-9300
 INTERNATIONAL: 202-483-7616

 SUBSTANCE IDENTIFICATION

SUBSTANCE: Heparin Sodium Injection
 TRADE NAMES/SYNONYMS: ESIPB104
 CHEMICAL FAMILY: Mixture, Aqueous
 CERCLA RATINGS (SCALE 0-3):
 HEALTH: 3
 FIRE: 1
 REACTIVITY: 0
 PERSISTENCE: 3
 NFPA RATINGS (SCALE 0-4):
 HEALTH: U
 FIRE: 1
 REACTIVITY: 0

 COMPONENTS AND CONTAMINANTS

COMPONENT:	CAS#	PERCENT:
Heparin Sodium	9041-08-1	0.7-7
Benzyl Alcohol	100-51-6	1

EXPOSURE LIMITS: No occupational exposure limits established by OSHA, ACGIH, or NIOSH.

 PHYSICAL DATA

DESCRIPTION: Clear solution.
 SPECIFIC GRAVITY: Not available
 pH: 5.0-7.5
 BOILING POINT: Not available
 VAPOR PRESSURE: Not available
 SOLUBILITY IN WATER: Completely soluble

 FIRE AND EXPLOSION DATA

FIRE AND EXPLOSION HAZARD: Slight fire hazard when exposed to heat or flame.
 FLASH POINT: >213 F (>101 C)
 FIREFIGHTING MEDIA: Dry chemical, carbon dioxide, water spray or regular foam (1990 Emergency Response Guidebook, Dot P 5800.5).
 For larger fires, use water spray, fog or regular foam (1990 Emergency Response Guidebook, DOT P 5800.5).
 FIREFIGHTING: Move container from fire area if you can do it without risk. Do not scatter spilled material with high-pressure water streams. Dike fire-control water for later disposal (1990 Emergency Response Guidebook, Dot P 5800.5, Guide Page 31).
 Use agents suitable for type of surrounding fire. Avoid breathing hazardous vapors. Keep upwind.

 TOXICITY

HEPARIN SODIUM:

TOXICITY DATA: 7 mg/kg/4 days subcutaneous-man TDLO; 3400 units/kg 17 days intermittent subcutaneous-woman TDLO; 1400 units/kg/1 week intermittent subcutaneous-woman TDLO; 1150 units/kg subcutaneous-mouse LD50; 700 units/kg/13 days intermittent intravenous-woman TDLO; 354 mg/kg intravenous-rat LD50; 2800 mg/kg intravenous-mouse LD50; 1 g/kg intravenous-dog LD50; 2800 mg/kg unreported-mouse LD50; Reproductive Effects Data (RTECS).

CARCINOGEN STATUS: None.

ACUTE TOXICITY LEVEL: Insufficient data.

TARGET EFFECTS: Poisoning may affect clotting of the blood.

AT INCREASED RISK FROM EXPOSURE: Persons with blood dyscrasias, bleeding tendencies, liver and kidney dysfunction, ulcers of the gastrointestinal tract, hypertension, bacterial endocarditis, and premenopausal women.

ADDITIONAL DATA: Heparin Sodium is an anticoagulant drug. Therapeutic parenteral administration may cause hemorrhages at any site, hypersensitivity reactions, thrombocytopenia possibly leading to severe thromboembolic complications including skin necrosis, gangrene requiring amputation, myocardial infarction, pulmonary embolism, stroke and death. Renal dysfunction, occur following prolonged high doses. Other reported effects include suppression of aldosterone synthesis, delayed transient alopecia, priapism, and rebound hyperlipemia. Heparin does not cross the placenta and has not been associated with fetal malformations. However, fetal mortality or prematurity has occurred in about one third of pregnancies where Heparin was administered. Interactions with medications have been reported.

 HEALTH EFFECTS AND FIRST AID

INHALATION:

HEPARIN SODIUM:

ACUTE EXPOSURE: No data available.

CHRONIC EXPOSURE: No data available.

FIRST AID: Remove from exposure area to fresh air immediately. If breathing has stopped, perform artificial respiration. Keep person warm and at rest. Treat symptomatically and supportively. Get medical attention immediately.

SKIN CONTACT:

HEPARIN SODIUM:

ACUTE EXPOSURE: Absorption may occur through damaged skin.

CHRONIC EXPOSURE: No data available.

FIRST AID: Remove contaminated clothing and shoes immediately. Wash affected area with soap or mild detergent and large amounts of water until no evidence of chemical remains (approximately 15-20 minutes). Get medical attention immediately.

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EYE CONTACT:

HEPARIN SODIUM:

ACUTE EXPOSURE: No data available.

CHRONIC EXPOSURE: Repeated application of a 5% solution in water to rabbit eyes produced no injury. However, a 30% solution injured the corneal epithelium only slightly.

FIRST AID: Wash eyes immediately with large amounts of water or normal saline, occasionally lifting upper and lower lids, until no evidence of chemical remains (approximately 15-20 minutes). Get medical attention immediately.

INGESTION:

HEPARIN SODIUM:

ACUTE EXPOSURE: Heparin Sodium is reported to be inactive and unabsorbed following oral administration.

CHRONIC EXPOSURE: No data available.

FIRST AID: Treat symptomatically and supportively. Get medical attention immediately. If vomiting occurs, keep head lower than hips to prevent aspiration.

FOR FIREFIGHTING AND OTHER IMMEDIATELY DANGEROUS TO LIFE OR HEALTH CONDITIONS: Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode.

Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive-pressure mode.

CLOTHING: Protective clothing not required. Avoid repeated or prolonged contact with this substance.

GLOVES: Protective gloves are not required but recommended.

EYE PROTECTION: Employee must wear splash-proof safety glasses to prevent eye contact.

 CREATION DATE: 11/01/91

REVISION DATE: 01/06/93

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 REACTIVITY

REACTIVITY: Stable under normal temperatures and pressures.

INCOMPATIBILITIES: May be incompatible with acids, bases, and oxidizers.

DECOMPOSITION: Thermal decomposition may release toxic and/or hazardous gases.

POLYMERIZATION: Hazardous polymerization has not been

 STORAGE AND DISPOSAL

Observe all federal, state and local regulations when storing or disposing of this substance. For assistance, contact the District Director of the Environmental Protection Agency.

STORAGE

Store away from incompatible substances.

 CONDITIONS TO AVOID

May burn but does not ignite readily. Avoid contact with strong oxidizers, excessive heat, sparks, or open flame.

 SPILL AND LEAK PROCEDURES

OCCUPATIONAL SPILL: Shut off ignition sources. Stop leak if you can do it without risk. Use water spray to reduce vapors.

FOR SMALL SPILLS: Take up with sand or other absorbent material and place into containers for later disposal.

FOR LARGER SPILLS: Dike far ahead of spill for later disposal. No smoking, flames or flares in hazard area. Keep unnecessary people away; isolate hazard area and deny entry.

 PROTECTIVE EQUIPMENT

VENTILATION: Provide local exhaust or general dilution ventilation system.

RESPIRATOR: The following respirators are recommended based on information found in the Physical Data, Toxicity and Health Effects sections. They are ranked in order from minimum to maximum respiratory protection.

The specific respirator selected must be based on contamination levels found in the work place, must be based on the specific operation, must not exceed the working limits of the respirator and must be jointly approved by the National Institute for Occupational Safety and Health and the Mine Safety and Health Administration (NIOSH-MSHA).