

ESIPB123

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MATERIAL SAFETY DATA SHEET

ELKINS-SINN, INC.  
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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: DEXAMETHASONE SODIUM PHOSPHATE INJECTION

TRADE NAMES/SYNONYMS:  
ESIPB123

CHEMICAL FAMILY:  
Mixture, aqueous

CERCLA RATINGS (SCALE 0-3): HEALTH=3 FIRE=1 REACTIVITY=0 PERSISTENCE=1  
NFPA RATINGS (SCALE 0-4): HEALTH=U FIRE=1 REACTIVITY=0

COMPONENTS AND CONTAMINANTS

COMPONENT: DEXAMETHASONE SODIUM PHOSPHATE CAS# 2392-39-4	PERCENT: 0.4-1.1
COMPONENT: SODIUM CITRATE DIHYDRATE CAS# 6132-04-3	PERCENT: >1
COMPONENT: BENZYL ALCOHOL CAS# 100-51-6	PERCENT: 1
COMPONENT: WATER	PERCENT: >1

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

PHYSICAL DATA

DESCRIPTION: Clear, colorless solution BOILING POINT: NOT AVAILABLE  
SPECIFIC GRAVITY: NOT AVAILABLE VAPOR PRESSURE: NOT AVAILABLE  
PH: 7.0-8.5 SOLUBILITY IN WATER: miscible

FIRE AND EXPLOSION DATA

FIRE AND EXPLOSION HAZARD:  
Slight fire hazard when exposed to heat or flame.  
FLASH POINT: >213 F (>101 C)

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**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.

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**TOXICITY****DEXAMETHASONE SODIUM PHOSPHATE:**

**TOXICITY DATA:** 1800 mg/kg oral-mouse LD50; 320 mg/kg intravenous-woman TDLo; 1500 ug/kg/3 days-intermittent intravenous-infant TDLo; 159 mg/kg intravenous-rat LD50; 112 mg/kg intravenous-mouse LD50; 550 mg/kg intraperitoneal-mouse LD50; reproductive effects data (RTECS).

**ACUTE TOXICITY LEVEL:** Moderately toxic by ingestion.

**TARGET EFFECTS:** Poisoning may affect the adrenal glands.\*

**AT INCREASED RISK FROM EXPOSURE:** Persons with any type of eye infection, keratitis, diseases causing thinning of the cornea or sclera; acute or chronic systemic infections; renal or cardiovascular disease; peptic ulcer; osteoporosis, tuberculosis; psychotic or convulsive disorders; hepatic cirrhosis; hypothyroidism; diabetes mellitus or familial history.\*

**ADDITIONAL DATA:** May cross the placenta and may be excreted in breast milk. Interactions with medications have been reported.

\* May be based on general information on corticosteroids.

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**HEALTH EFFECTS AND FIRST AID****INHALATION:****DEXAMETHASONE SODIUM PHOSPHATE:**

See information on corticosteroids. Other effects may include nasal irritation and dryness, epistaxis, perforation of the nasal septum, anosmia, rebound congestion, bronchial asthma, hiccups, weight gain, lightheadedness, potassium loss, hypertension, increased intracranial pressure with papilledema, adrenal hypercorticism, and development of cushingoid state. For additional systemic effects see ingestion.

**CORTICOSTEROIDS:**

**ACUTE EXPOSURE-** Inhalation may cause throat irritation, hoarseness, dry mouth and coughing.

**CHRONIC EXPOSURE-** Repeated or prolonged inhalation may cause effects as in acute exposure and may increase susceptibility to fungal infections of the mouth and throat.

**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.

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**SKIN CONTACT:****DEXAMETHASONE SODIUM PHOSPHATE:**

See information on corticosteroids. Additional effects may include acneiform eruptions, hypopigmentation, maceration of skin, and miliaria.

**CORTICOSTEROIDS:**

**ACUTE EXPOSURE-** Allergic contact dermatitis may develop in previously exposed persons.

**CHRONIC EXPOSURE-** Repeated topical application may cause irritation, itching, burning erythema, dryness, folliculitis, and epidermal and dermal atrophy manifested by thinning of the skin, telangiectasia, purpura, striae and possibly pustulation, perioral dermatitis, impeded healing, local hypertrichosis and masking or spread of preexisting infections. Repeated application, especially to inflamed or damaged skin, or application to large areas may cause systemic poisoning as described in chronic ingestion. Absorption is greatly enhanced by occlusive covering. Sensitization may develop in susceptible individuals.

**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.

**EYE CONTACT:****DEXAMETHASONE SODIUM PHOSPHATE:**

See information on corticosteroids. May also cause stinging, burning, ocular hypertension, optic nerve damage, and defects in visual acuity and fields of vision.

**CORTICOSTEROIDS:**

**ACUTE EXPOSURE-** Topical application may cause reversible mydriasis.

**CHRONIC EXPOSURE-** Repeated topical application may cause ptosis and edema of the lid, increased intraocular pressure, glaucoma and cataracts.

Masking or aggravation of infection, especially viral or fungal, may occur. Some systemic effects may be possible.

**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:****DEXAMETHASONE SODIUM PHOSPHATE:**

See information on corticosteroids. Reproductive effects have been reported in animals.

**CORTICOSTEROIDS:**

**ACUTE EXPOSURE-** A large single dose of corticosteroid is reported to be virtually without harmful effects. Single doses of glucocorticoids ranging from 0.5 to 8.0 gm/kg suppressed the immune response in mice to the extent that high mortality occurred as a result of intercurrent infections over 1 to 3 weeks. Anaphylactoid or hypersensitivity reactions to corticosteroids have been reported in previously exposed individuals.

**CHRONIC EXPOSURE-** Repeated use may cause sodium and fluid retention, edema, hypovolemia, hypokalemic alkalosis, hypocalcemia, hypotension or shock-like reactions, muscle weakness, myopathy with loss of muscle mass, arthropathy, Achilles tendon rupture, osteoporosis, aseptic bone

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necrosis and spontaneous fractures. Cardiovascular effects may include thromboembolism or fat embolism, thrombophlebitis, necrotizing angitis, cardiac arrhythmias or ECG changes, syncope, arterial hypertension and congestive heart failure. Ulcerative esophagitis, gastric irritation, abdominal distension, nausea, vomiting, increased appetite, peptic ulcer with perforation and hemorrhage and possibly perforation of the bowel and pancreatitis may occur. Impaired wound healing, thin fragile skin, petechiae and ecchymoses, erythema, lupus erythematosus-like lesions, suppression of skin test reactions, subcutaneous fat atrophy, purpura, striae, hyperpigmentation, hirsutism in women, acne, allergic dermatitis, urticaria, angioneurotic edema and perineal irritation may occur. In addition, malaise, decrease in pain sensation, vertigo, headache, insomnia, neuritis or paresthesias, nervousness, depression or euphoria, convulsions, aggravation of preexisting psychiatric conditions, psychoses, delusions, hallucinations and catatonia may occur. Suicidal tendencies are not uncommon. Corticosteroids may also cause amenorrhea, postmenopausal bleeding, and other menstrual irregularities. Redispersion of fat may result in moonface, buffalo hump, supraclavicular fat pad enlargement and central obesity. Secondary adrenocortical and pituitary suppression and unresponsiveness, increased sweating, decreased carbohydrate tolerance, increased gluconeogenesis, hyperglycemia, glycosuria, manifestations of latent diabetes mellitus, steroid diabetes, and negative nitrogen balance may also occur. Relative neutrophilia, a decrease in circulating eosinophils and transient lymphocytopenia may occur. Ocular effects may include exophthalmos, posterior subcapsular cataracts, increased intraocular pressure and glaucoma, possibly resulting in blindness. Activation, aggravation, masking or increased susceptibility to infections may occur. Steroids may increase or decrease motility and number of spermatozoa. Life-threatening acute adrenal insufficiency and other symptoms of withdrawal may occur after cessation of long-term administration of corticosteroids. Death from steroid therapy generally results from acute adrenal insufficiency or gastric ulcer with hemorrhage or perforation. Corticosteroids are excreted in breast milk and may suppress growth or interfere with endogenous corticosteroid production in the nursing infant. Chronic maternal ingestion during the first trimester has shown a 1% incidence of cleft palate in humans.

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

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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 reported to occur under normal temperatures and pressures.

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STORAGE AND DISPOSAL

Observe all federal, state and local regulations when storing or disposing of this substance.

**\*\*Storage\*\***

Store away from incompatible substances.

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CONDITIONS TO AVOID

May burn but does not ignite readily. Containers may explode in heat of fire.

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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.

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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).

Any chemical cartridge respirator with organic vapor cartridge(s) with a dust and mist filter.

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.

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**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.

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