

<b>DRUG:</b>	<b>CAFFEINE</b>
<b>PRESENTATION:</b>	Oral solution: 10 mg/mL (caffeine base) Ampoule: 50 mg/5 mL (caffeine base)
<b>ACTION &amp; INDICATION:</b>	Stimulates central inspiratory drive and increases sensitivity of the medullary centre to CO <sub>2</sub> . Used for prevention or treatment of apnoea of prematurity or apnoeas associated with respiratory infection or anaesthesia. To aid extubation of ventilated babies.
<b>DOSE:</b>	Loading dose: 20 mg/kg Maintenance dose: 5 to 7.5 mg/kg/day commencing at least 24 hours after loading dose.
<b>PREPARATION:</b>	Diluent: 0.9% Sodium chloride, Water for Injections Loading dose: does not require dilution If maintenance dose requires dilution: Dilute 50 mg/ 5 mL ampoule with 5mL of diluent = 50 mg/ 10 mL
<b>ADMINISTRATION:</b>	For intravenous, umbilical arterial / venous infusion Infuse over 30 minutes. Oral: Give dose with feeds.
<b>ADVERSE EFFECTS:</b>	Nausea, vomiting, gastric irritation Agitation Tachycardia Diuresis Overdose – arrhythmias, seizures.
<b>DRUG MONITORING:</b>	Sampling time: Midway between doses Therapeutic: 5 - 30 mg/L Toxic: > 50 mg/L Drug levels <u>All infants:</u> First level to be taken one week after commencing drug, then weekly only if baby symptomatic. If Infant < 30 weeks at commencement: Check level after four weeks, or prior to late extubation.
<b>REFERENCES:</b>	BNF for Children 2009 Neofax 2008 Acta Paediatr Scand 1989;78:786-788 (for dosing)
<b>DATE:</b>	January 2011