**DRUG:** SALBUTAMOL

**PRESENTATION:**
- Aerosol: 100 microgram/puff
- Inhalation Solution: 0.5% w/v
- Ampoule: 500 microgram/mL

**ACTION & INDICATION:**
Specific $\beta_2$ adrenergic agonist
To reduce airways resistance in ventilator dependent neonates with bronchopulmonary dysplasia.
To treat hyperkalaemia

**DOSE:**

**Bronchodilator dose:**
Using aerosol via a spacer device (eg Aerochamber®)
200 microgram (2 puffs) 6 hourly
Nebulisation only:
Starting dose: 150microgram (0.03mL) /kg/dose 4-6 hourly
Maximum dose: 500microgram (0.1mL) /kg/dose 4-6 hourly
Do not increase dose if a significant rise in basal heart rate is seen.

**Neonatal hyperkalaemia**
IV: 4 microgram/kg/dose. Dose may be repeated once after a minimum of two hours
Nebulisation: 400microgram/kg/dose 2 hourly

**PREPARATION:**

**Nebulisation**
Diluent: Sodium Chloride 0.9%
Dilute to 3mL (or an appropriate volume)

**IV:**
Dilute 500microgram (1mL) to 10mL with 0.9% sodium chloride
=50 microgram in 1mL
Further dilute 1mL of above solution to 10mL
= 50 microgram in 10mL (5 microgram per mL)

**ADMINISTRATION:**

**Nebulisation:**
Aerosol via a spacer device
Shake canister well before use
Nebulised via endotracheal tube
The expiratory block of ventilators should be changed on a weekly basis when nebulised drugs are used.

**Intravenous:** over 5 to 10 minutes

**ADVERSE EFFECTS & COMMENTS:**
Tachycardia - monitor heart rate during, and for 30 minutes post, administration.
Tremor
Hyperexcitability
Hypokalaemia
Cardiac arrhythmias

**REFERENCES:**
Neofax 2013
BNF for Children 2013

**DATE:** October 2013