# Iloprost

### Presentation
- Ampoule: 50 microg/0.5mL

### Description
- Synthetic analogue of prostaglandin PG\textsubscript{I2}

### Indications
- Persistent Pulmonary Hypertension of the Neonate (PPHN) refractory to inhaled nitric oxide and other conventional therapies.

### Precaution
- Can cause severe hypotension, consider use of other inotropes or vasopressors.

### Dosage
**PULMONARY HYPERTENSION**

**IV Continuous Infusion:**
- Starting dose: 2 nanogram/kg/min
- If oxygenation index or PaO\textsubscript{2} improves, maintain this dose
- If oxygenation index remains > 20, increase by 1 nanogram/kg/min in 6 hourly intervals up to a maximum of 6 nanogram/kg/min.
- Many infants respond to 4 nanogram/kg/min.
- If no improvement in oxygenation index or PaO\textsubscript{2} after 24 hours consider ceasing treatment.

### Adverse Reactions
- **Common:** Hypotension, flushing, headache, dizziness, rash, nasal congestion, trismus.
- **Serious:** Serious cardiovascular disorders (including arrhythmia and sudden cardiac death), raised intra-ocular pressure, swelling of the eyelids.

### Monitoring
- With initiation and dosage adjustments, monitor heart rate, blood pressure, and respiratory rate.

### Compatible Fluids
- Sodium Chloride 0.9%, Glucose 5%

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Alert 1 microg = 1000 nanograms

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This document should be read in conjunction with this **DISCLAIMER**
### Preparation

**IV Continuous Infusion:**

**Dilution 1**
Withdraw 50 microg (0.5mL) up to 10mL with compatible fluid
Concentration = 5 micorg/mL

**Dilution 2**
Dilute 1.2 mL/kg (6 micorg/kg) of above solution up to 50mL with compatible fluid.
1mL/hr = 2 nanogram/kg/minute

### Administration

**IV Continuous Infusion**

### References


### Related clinical guidelines

**Persistent Pulmonary Hypertension of the Newborn (PPHN)**

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