

NEONATAL

RANITIDINE

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

Unrestricted: Any prescriber may initiate treatment as per guideline

Presentation	Ampoule: 50mg/5mL Mixture: 150mg/10mL = 15mg/mL			
Classification	Histamine (H2) receptor antagonist, which competitively inhibits the action of histamine thereby decreasing gastric acid secretion.			
Indication	Short term treatment of gastric and duodenal ulcers			
	 Treatment of pathologic GI hypersecretory conditions e.g. Short Gut syndrome 			
	Short term symptomatic relief of gastro-oesophageal reflux			
Dose	IV: <37 weeks: 0.5 mg/kg/dose every 12 hours			
	>37 weeks: 1.5mg/kg/dose every 8 hours			
	Oral: 2 mg/kg/dose every 8 hours			
Compatible Fluids	Sodium chloride 0.9%			
Preparation	IV: Available from CIVAS (KEMH & PCH)			
	Dilute 5mL (50mg) of ranitidine to a final volume 20mL with sodium chloride 0.9%			
	Concentration is 50mg/20mL = 2.5mg/mL			
	May be further diluted if required Maximum rate of 10mg/minute			
Administration	IV: Administer over at least five minutes			
	Oral: May be given at any time with regard to feeds.			

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Adverse Reactions	Common: Diarrhoea, constipation Infrequent: Rash, vomiting, abdominal pain, Rare: Raised ALT (alanine aminotransferase), tachycardia, bradycardia
Storage	Ampoule: Store below 25°C and protect from light. Tablets and Liquid: Store below 25°C.
Interactions	Amiodarone — concurrent use of amiodarone and ranitidine may result in increased amiodarone exposure.
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