

NEONATAL

ALPROSTADIL (Prostaglandin E1)

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

Highly Restricted: Requires Neonatologist approval before commencing

⚠ HIGH RISK Medication

Alert 1 microgram = 1000 nanograms

Presentation	Ampoule: 500 microgram/mL (Refrigerated)		
Classification	Prostaglandin		
Indication	To maintain patency of ductus arteriosus in neonates with congenital heart defects dependent on ductal shunting for oxygenation and perfusion until corrective surgery can be performed.		
	(Cyanotic heart disease, duct dependant lesions)		
Dose	Starting Dose: 10 to 50 nanogams/kg/minute If effective within 30 minutes, contact cardiologist for review of dose		
	Maintenance Dose:2.5 to 10 nanograms/kg/minuteAim for the lowest dose that maintains ductal patency		
Monitoring	Neonates receiving alprostadil for more than 120 hours, or maintained on high doses, should be closely monitored for evidence of antral hyperplasia, gastric outlet obstruction and cortical hyperostosis (e.g. widening fontanelles) Aim for improving oxygen saturation, palpable femoral pulses and resolving acidosis.		
Dose Adjustment	Aim for the lowest dose that maintains ductal patency. Apnoea may be less likely to occur at doses < 0.015microg/kg/min.		
Guidelines & Resources	Congenital Diaphragmatic Hernia (CDH) Transposition of the Great Arteries (TGA) Coarctation of the Aorta (COA) & Interrupted Aortic Arch (IAA) NETS Persistent Pulmonary Hypertension of the Newborn (PPHM)		

Alprostadil - Neonatal Page 1 of 3

Compatible	Glucose 5%, Sodium Chloride 0.9%				
Fluids	Glucose 5%, Socium Chionae 0.9%				
	Alprostadil is not stable with Heparin				
Preparation	Available from CIVAS (KEMH & PCH)				
	LOW CONCENTRATION: 10 nanograms/kg/minute				
	First Dilution Draw up 1mL (500 microgram) of alprostadil and make up to 10mL with				
	compatible fluid.				
	Second Dilution				
	From the 1 st solution, withdraw 0.6 mL/kg body weight (30 microgram/kg) and dilute to 50mL with compatible fluid.				
	Final volume is 50mL.				
	This will give the following infusion rate:				
	1 mL/hour = 10 nanograms/kg/minute				
	HIGH CONCENTRATION: 50 nanograms/kg/minute				
	First Dilution Draw up 1ml (500 migrogram) of alphaetadil and make up to 10ml, with				
	Draw up 1mL (500 microgram) of alprostadil and make up to 10mL with compatible fluid.				
	Second Dilution				
	From the 1 st solution, withdraw 3mL/kg body weight (150 microgram/kg) and dilute to 50mL with compatible fluid.				
	Final volume is 50mL.				
	This will give the following infusion rate:				
	1mL/hour = 50 nanograms/ kg/ minute				
	The infusion solution may be further diluted if required.				
Administration	IV Infusion: Continuous Infusion.				
	If volume infused is less than 0.5mL/hr, then it must be run in conjunction with glucose 5% or sodium chloride 0.9% infusion.				
Adverse					
Reactions	hypoglycaemia, apnoea				
	Serious : Haemorrhage, Prolonged use, high doses - gastric outlet obstruction.				
Storage	Ampoule: Store at 2 to 8 °C. Do not freeze.				
	Infusion solution: Stable for 24 hours at 25 °C.				
Interactions	Alprostadil is not stable with Heparin				
Storage	glucose 5% or sodium chloride 0.9% infusion. Common: Flushing, bradycardia, hypotension, fever, leucocytosis, hypoglycaemia, apnoea Serious: Haemorrhage, Prolonged use, high doses - gastric outlet obstruction. Ampoule: Store at 2 to 8 °C. Do not freeze. Infusion solution: Stable for 24 hours at 25 °C.				

Alprostadil - Neonatal Page 2 of 3

Notes	If undiluted alprostadil comes into direct contact with plastic, the solution may turn hazy and must be discarded. When preparing the infusion, draw up the diluent first to minimise contact of undiluted alprostadil with plastic.	
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Alprostadil - Neonatal Page 3 of 3