

NEONATAL

DEXMEDETOMIDINE

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

Highly Restricted: Requires Neonatologist approval before commencing

A HIGH RISK Medication

Rapid IV administration of Dexmedetomidine may cause bradycardia and sinus arrest.

Vial: 200microgram/2mL			
Infusion: 200microgram/50mL = 4microg/mL			
Selective alpha 2-adrenoreceptor agonist with sedative, analgesic and anxiolytic properties			
 Sedative for intubated and mechanically ventilated patients during treatment in an ICU Used for extremely agitated ventilated patients to facilitate weaning off a ventilator Post-operative Analgesia 			
Use with caution in patients with hypotension, severe bradycardia, ventricular dysfunction, hypovolaemia, diabetes, renal/hepatic impairment, post-operative congenital heart disease, concurrent use of vasodilator or negative chronotropic agents.			
All Indications			
IV:			
> 36 weeks corrected gestational age			
Loading Dose: 0.05 – 0.2 microgram/kg over 10 to 20minutes as per treating clinician			
Maintenance Dose: 0.05 to 0.6 microgram/kg/hour			
Consider dose reduction in patients with impaired liver function			
Monitor heart rate, MAP, blood pressure, oxygen saturation, respiratory rate, urine output			

Compatible Fluids	Sodium Chloride 0.9%, Glucose 5%		
Preparation	IV Infusion:		
-	Use ready to use Infusion if available		
	Withdraw 0.5 mL (50 microgram) from the vial and make to a final volume of 50mL with a compatible fluid		
	Concentration is 50microgram/50mL = 1microgram/mL.		
	Shake gently to mix well.		
Administration	Infuse using a rate-controlled infusion device.		
	Loading Dose: 0.05 – 0.2 microg/kg over 10 to 20 minutes		
	Maintenance Dose: 0.05 to 0.6 microgram/kg/hour		
Adverse Reactions	Common: Withdrawal and rebound symptoms (hypertension, agitation, tachycardia, dilated pupils, diarrhoea, increased muscle tone, emesis)		
	Serious: Bradycardia, hypotension, sinus arrest; patients with high vagal tone or with rapid administration.		
Storage	Store at room temperature, below 25°C		
	Infusion solution: stable for 24 hours at 2 to 8 °C		
Interactions	Contact Pharmacy for further information regarding compatibility.		
Related Guidelines	Post-Operative: Analgesia		
References	Phelps SJ, Hageman TM, Lee KR, Thompson AJ. Pediatric injectable drugs : the teddy bear book. Tenth ed. Bethesda (Maryland): American Society of Health-System Pharmacists; 2013. 796 p.278-281		
	Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index : a universal resource for clinicians treating pediatric and neonatal patients. 23rd ed. Hudson (Ohio): Lexicomp; 2401. 2, p.591-593		
	Truven Health Analytics. Dexmedetomidine. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2017 [cited 2020 Aug 06]. Available from: https://neofax.micromedexsolutions.com/AIDH		
	Society of Hospital Pharmacists of Australia. Dexmedetomidine. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2020 [cited 2020 Aug 06]. Available from: http://aidh.hcn.com.au		
	Australian Medicines Handbook. Dexmedetomidine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2020 [cited 2020 Aug 06]. Available from: https://amhonline.amh.net.au/		

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	1 🕙 Governance				
	3 🥯 Infection Control				
	4 OMedication Safety;				
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