

NEONATAL Medication Monograph

FLUMAZENIL

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

Restricted: Requires Neonatologist review within 24 hours of initiation

Presentation	Ampoule: 500microg/5mL			
Description	Benzodiazepine antagonist			
Indications	Reversal of the central sedative effects of benzodiazepines			
Contraindications	Patients with a known hypersensitivity to flumazenil, benzodiazepines or any components of the formulation			
Precautions	Patients with epilepsy who are taking benzodiazepines for a prolonged period to control seizures – may increase risk of seizures			
Dosage IV injection:				
	5 - 10 microgram /kg over 15 to 30 seconds			
	May be repeated every 60 seconds until reversal of sedation is achieved			
	Recommended Maximum 50microgram/ kg			
	IV infusion:			
	2 - 10 microgram/kg/hour, adjusted according to response			
Adverse Reactions	Common: nausea, vomiting			
	Use cautiously in patients with epilepsy and those who have been treated with high doses of benzodiazepines for the weeks preceding treatment. May cause benzodiazepine withdrawal syndrome; symptoms include tachycardia, agitation and seizures.			
Compatible Fluids	Glucose 5%, Sodium Chloride 0.9%			

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IV injection: Use undiluted		
IV infusion: Take 1mL (100 micrograms) of flumazenil from ampoule and dilute to 10mL with a compatible fluid.		
Final concentration is 10 microgram/mL		
Inject into a free-flowing IV infusion line to minimise pain and phlebitis at the injection site		
IV injection:		
Inject the dose undiluted over 15 to 30 seconds into a large vein.		
IV infusion:		
Rate: 2 - 10 microgram/kg/hour, adjusted according to response		
Observe patient for at least 4 hours after the last dose for signs of resedation		
Store at room temperature, below 25°C		
Protect from Light		
Multiple doses may be required as flumazenil has a short duration of action		
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