

NEONATAL Medication Monograph

ISOPRENALINE (Isoproterenol)

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

Highly Restricted: Requires Neonatologist or Cardiologist approval before commencing

Presentation	Ampoule: 200microgram/mL		
Description	Catecholamine, β-adrenoceptor agonist, sympathomimetic		
Indications	Cardiac stimulation, peripheral vasodilation, relaxation of bronchial smooth muscle Acts on Beta-1 and Beta-2 adrenergic receptors • Shock • Cardiac arrest • Ventricular arrhythmias due to AV block • Bronchospasm		
Contraindications	 Contraindications are relative as isoprenaline can be life saving Hypersensitivity to isoprenaline Patients with tachyarrhythmias or ventricular arrhythmias requiring inotropic therapy 		
Precautions	 Correct hypovolaemia before using isoprenaline Cardiogenic shock – may detrimentally increase myocardial oxygen consumption Hyperthyroidism – may increase risk of tachycardia and Isoprenaline Medication Management Manual Page 2 of 4 arrhythmias Hypertension – monitor blood pressure closely Diabetes – increases insulin production, monitor blood glucose 		
Dosage	Continuous Infusion: 0.05 - 0.5 microgram/ kg/ minute Maximum dose: 2 microgram/ kg/ minute		
Dosage Adjustment	Titrate dose according to heart rate response		

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Adverse Reactions	Tachycardia, cardiac dysrhythmia, hypertension, hypotension, vomiting, tremor, hypoglycaemia		
Interactions	Isoprenaline <u>is</u> compatible with heparin		
Compatible Fluids	Glucose 5%, Glucose 10%, Sodium chloride 0.9%		
Preparation	IV: Available from CIVAS (KEMH & PCH)		
	Take 300 microgram of isoprenaline per kg of baby's weight (1.5mL/kg) and dilute to 50mL with appropriate diluent.		
	Concentration 1mL/hour = 0.1 microgram/kg/minute		
	If a different concentration is required, refer to the <u>Calculation of Drug</u> <u>Infusion table.</u>		
Administration	IV Infusion: Infuse via syringe pump		
Monitoring	Continuous heart rate, blood pressure, ECG, respiratory rate, blood glucose		
Storage	Store at room temperature, below 25°C		
Notes	Solution should <u>not</u> be used if the solution is pinkish, slightly dark yellow or if a precipitate is present.		
Related clinical	<u>Arrhythmias</u>		
guidelines	Cardiac: Routine Post-Operative Care		
	NETS WA: Cardiac Dysrhythmias		
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For any enquiries relating to this guideline, please email KEMH.PharmacyAdmin@health.wa.gov.au

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