

## NEONATAL

## MILRINONE

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

Highly Restricted: Requires Neonatologist or relevant specialist approval before commencing

## A HIGH RISK Medication

Presentation	Ampoule: 10 mg/10 mL = 1 mg/mL			
Classification	Selective phosphodiesterase inhibitor which has positive inotropic and vasodilatory activity			
Indication	<ul><li>Refractory pulmonary hypertension</li><li>Low cardiac output</li><li>Septic shock</li></ul>			
	There is some evidence for its use in preventing low cardiac output in patients undergoing cardiac surgery.			
	It is for short term treatment only and should generally not be used for longer than 72 hours			
Contraindications	Avoid use in patients with severe:			
	obstructive aortic disease			
	<ul> <li>pulmonary valvular disease</li> </ul>			
	<ul> <li>hypovolaemia.</li> </ul>			
Precautions	<ul> <li>Use with caution in patients with a history of ventricular arrhythmias, atrial fibrillation or atrial flutter as may aggravate, use continuous ECG monitoring</li> </ul>			
	<ul> <li>Use with caution in patients with impaired renal function</li> </ul>			
	Use with caution in conjunction with other vasodilating agents.			
	<ul> <li>Correct hypokalaemia before initiating therapy</li> </ul>			
	Use extreme caution when titrating dosage and changing lines/fluids as sudden changes to rates can result in blood pressure fluctuations.			

Dose	<ul> <li><u>Note:</u></li> <li>Any fluid imbalance should be corrected before commencing milrinone.</li> <li>In both regimens below, consider reducing or omitting the loading dose if the patient is at risk of hypotension.</li> </ul>					
	Corrected Gestational Age	Loading Dose	Maintenance Dose			
	Less than 30 weeks	0.75 microgram/kg/minute for <b>3 hours</b>	0.2 microgram/kg/minute			
	30 weeks and greater	0.4 to 1.25 microgram/kg/minute for <b>60 minutes</b>	0.25 to 0.75 microgram/kg/minute			
Monitoring	Continuous ECG monitoring to promptly detect and manage ventricular arrhythmias. Blood Pressure (hypotension may occur)., Heart Rate					
	Infusion site reactions.					
	Fluid and electrolyte status (especially potassium and magnesium)					
	Renal function.					
Dose Adjustment	Milrinone is primarily excreted unchanged by the kidneys, reduction in the infusion rate may be necessary in patients with renal impairment.					
Guidelines &	CAHS Neonatology Guidelines:					
Resources	Congenital Diaphragmatic Hernia (CDH)					
	Cardiac: Neonatal C	Cardiac: Neonatal Circulation Changes / Unbalanced Circulation				
	Cardiac: Routine Post-Operative Care					
	Hypoxic Ischaemic Encephalopathy (HIE) and Therapeutic Hypothermia					
	Sepsis: Neonatal					
Compatible Fluids	Glucose 5%. Sodium Chloride 0.9%					
Preparation	IV: Available from C	VIVAS (KEMH & PCH)				
	Withdraw 1.5 mg of milrinone per kg of baby's weight (1.5 mL/kg) and dilute to 50 mL with appropriate infusion fluid.					
	Concentration:					
	1 mL/hour= 0.5 microgram/kg/minute					

Administration	IV Infusion:				
	See <b>Dose</b> section for recommended infusion times				
Adverse	Common: Hypotension				
Reactions	Serious: Supraventricular and ventricular arrhythmias, Hypokalaemia, thrombocytopenia				
Storage	Store at room temperature, below 25°C				
Interactions	Incompatible with furosemide (frusemide).				
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