

NEONATAL Medication Monograph

NORADRENALINE (Norepinephrine)

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

Restricted: Requires Neonatologist or Cardiologist review within 24 hours of initiation

A HIGH RISK Medication

Presentation	Vial: 4 mg/4 mL = 1000 microgram/mL	
Description	Noradrenaline stimulates beta1-adrenergic and alpha-adrenergic receptors. This causes increased contractility and heart rate as well as vasoconstriction to increase systemic blood pressure and coronary blood flow.	
Indications	Vasopressor activity for vasodilatory shock, e. g septic shock Note: Usually used in conjunction with dopamine to treat profound hypotension, in the setting of sepsis when other inotropes have failed.	
Contraindications	Hypotension from hypovolaemia except as an emergency measure to maintain cerebral and coronary perfusion until volume replaced	
Precautions	 Ensure adequate circulatory volume to minimise need for vasoconstrictors. Avoid hypertension: close monitoring of BP and adjustment if needed. Use with extreme caution in patients with profound hypoxia or hypercarbia may produce ventricular tachycardia or fibrillation use with extreme caution. Flows <2 mL/hr may cause swings in blood pressure. Use extreme caution when titrating dosage and changing lines/fluids as sudden changes to rates can result in blood pressure fluctuations. 	

Dosage	Dose stated as noradrenaline base				
	IV Infusion: Initial Dose				
	0.05 to 0.1 microgram/ kg/ minute				
	Titrate dose in small increment as below:				
	0.05 to 0.5 microgram/ kg/ minute				
	Higher doses up to a maximum of 2 microgram/ kg/ minute ; have been used as per neonatologist or cardiologist				
Dosage Adjustment	Titrate initial dose in small increments as required				
Adverse Reactions	Common: anxiety, palpitations, headache, extravasation which may cause local tissue necrosis.				
	Serious: hypertension which may be associated with bradycardia. Prolonged use of high doses can result in renal impairment and reduced peripheral tissue perfusion.				
Interactions	Benzylpenicillin, ganciclovir, indomethacin, insulin, sodium bicarbonate, phenobarbitone				
	Check Y-site compatibility with Pharmacy				
Compatible Fluids	Glucose 5%, Sodium Chloride 0.9%				
Preparation	IV available from CIVAS (KEMH and PCH)				
	Infusion Calculation:				
	Dilute 300 microgram (0.3 mL) of noradrenaline base per kilogram of baby's weight and dilute to 50mL with compatible diluent.				
	Concentration = 1mL/hr = 0.1 microgram/kg/minute				
	E.g To prepare an infusion for a 780 g infant				
	Weight = 0.78 kg				
	Dose in Infusion = 300 microgram x 0.78 = 234 microgram				
	Dilute 234 microgram (≈0.23mL) to 50 mL with compatible fluid.				
Administration	Infuse into a central venous catheter using a rate-controlled infusion device				
Monitoring	Continuous blood pressure monitoring				
	Monitor IV site for extravasation				
Storage	Store at room temperature, below 25°C Protect ampoules from light.				

Notoo	Do not cease infusion abruptly			
Notes	 Correct hypovolaemia before commencing noradrenaline 			
Related clinical	CAHS Neonatology Guidelines:			
guidelines	Congenital Diaphragmatic Hernia (CDH)			
	Cardiac: Neonatal Circulation Changes / Unbalanced Circulation			
	Cardiac: Routine Post-Operative Care			
	Hypoxic Ischaemic Encephalopathy (HIE) and Therapeutic Hypothermia			
	Sepsis: Neonatal			
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For any enquiries relating to this guideline, please email <u>KEMH.PharmacyAdmin@health.wa.gov.au</u>					

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