

NEONATAL Medication Monograph

OCTREOTIDE

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

Highly Restricted: Requires Neonatologist or Endocrinologist approval before commencing

A There are different strengths and formulations used for different indications and given by different routes. Check product selection carefully.

A Short Acting Formulations Only to be used in Infants

Presentation	Ampoule: 100microgram/mL – Short Acting			
Description	Somatostatin analogue - Inhibit release of growth hormone and of various peptides of the gastroenteropancreatic endocrine system (including insulin)			
Indications	Refractory hyperinsulinaemic hypoglycaemia			
	Chylothorax			
	Short Bowel Syndrome			
Contraindications	Hypersensitivity to Octreotide			
Precautions	Fat malabsorption – monitor for pancreatitis			
	May affect glucose regulation in patients with Type 1 Diabetes			
Dosage	Refractory hyperinsulinaemic hypoglycaemia: Subcut/IV injection:			
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	1 to 5 microgram/ kg/ dose every 6 hours			
	Titrate according to response			
	Maximum: 10 microgram /kg / dose every 6 hours			
	Chylothorax:			
	Continuous IV infusion:			
	Initially, 1microgram/ kg/ hour.			
	Titrate dose upwards according to response			
	Maximum dose: 10microgram/ kg/ hour.			
Dosage Adjustment	Titrate according to response in line with above maximum doses			

Adverse	Local reaction at injection site.			
Reactions	GI side effects – vomiting, diarrhoea, and abdominal discomfort.			
Compatible	Sodium Chloride 0.9%, Glucose 5%			
Fluids	NB: Sodium chloride 0.9% is the preferred infusion fluid for most indications as octreotide inhibits the release of insulin and affects blood glucose regulation			
Preparation	Subcut injection:			
	Use the concentration with the smallest volume to deliver dose to reduce injection site pain.			
	IV Injection:			
	Inject undiluted over 3 mins in emergency situations.			
	For Intermittent doses:			
	Dilute 1mL (100 microgram) of octreotide to a final volume of 20mL with Sodium Chloride 0.9%			
	Concentration is 100microgram/20mL = <u>5microgram/mL</u>			
	IV Infusion: Dilute 50 microgram (0.5mL) of octreotide per kilogram of baby's weight and dilute to 50mL with Sodium Chloride 0.9%			
	Concentration = 1mL/hr = 1microgram/kg/hour			
Administration	Subcut:			
	As per neonatal guidelines			
	IV Injection:			
	Inject undiluted over 3 mins in emergency situations.			
	For all other doses, administer over 15 to 30 minutes			
	IV Infusion:			
	Give continuously via a syringe pump			
Monitoring	Blood glucose, thyroid function, liver function, urea and electrolytes, signs and symptoms of necrotising enterocolitis			
Storage	Refrigerate between 2-8°C. Protect from light.			
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Notes	Chyle production should decrease significantly within 24 hours.	
Related clinical guidelines	<u>Hypoglycaemia</u>	
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