

## NEONATAL Medication Monograph

## **PENTOXIFYLLINE**

(For Nebulisation)

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

Restricted: Requires Neonatologist review within 24 hours of initiation

**SAS Category A** (item requires approval by TGA)

Presentation	<b>Ampoule (SAS):</b> 100mg/5mL = 20mg/mL			
Presentation	Ampoule (SAS): 100mg/smL = 20mg/mL			
Description	Vasodilator - May reduce blood viscosity and improve blood flow by altering the rheology of red blood cells. Inhibits neutrophil activation and adhesion and platelet aggregation			
Indications	Treatment of peripheral and cerebral vascular disorders.			
	Rescue medication for chronic lung disease			
Precautions	Caution use in patients at risk of bleeding			
Dosage	For Nebulisation ONLY			
	Described a fill and a fill and a fill and a fill a			
	Duration of therapy = 10 days			
	Neonate Spontaneously Breathing 20 mg/ kg/ dose every 6 hours  Intubated Neonate 10 mg/ kg/ dose every 6 hours			
	If required, the 10 day course may be repeated after an interval of 5 days			
Adverse Reactions	Common: flushes, pruritus, urticaria, GI effects (nausea, vomiting, diarrhoea)			
	Serious: anaphylaxis, cardiac arrhythmias, intrahepatic cholestasis, transaminase elevation			
Preparation	Prepared in Pharmacy			
<b> </b>	If unavailable – use undiluted: Concentration = 20mg/mL			

Administration	Administer undiluted via Nebulisation until no fluid remains  Note: The expiratory block of ventilators should be changed on a		
	weekly basis when nebulised drugs are used		
Monitoring	Oxygen saturation		
Storage	Store at room temperature, below 25°C		
Notes	Must not be used in patients with increased risk of bleeding		
	SAS approval must be obtained for use of this medication		
References	Lauterbach R, Pawlik D, Zembala M, et al. Pentoxyfylline in and prevention and treatment of chronic lung disease. <i>Acta Paediatr Suppl.</i> 2004;93(444):20–22. Schulzke SM, Deshmukh M, Nathan EA, Doherty DA, Patole SK. Nebulized pentoxifylline for reducing the duration of oxygen supplementation in extremely preterm neonates. <i>J Pediatr.</i> 2015;166(5):1158–1162.e2. doi:10.1016/j.jpeds.2015.01.040		
	Schulzke SM, Kaempfen S, Patole SK. Pentoxifylline for the prevention of bronchopulmonary dysplasia in preterm infants. <i>Cochrane Database Syst Rev.</i> 2014;(11):CD010018. Published 2014 Nov 24. doi:10.1002/14651858.CD010018.pub2		
	Lauterbach R, Szymura-Oleksiak J, Pawlik D, Warchoł J, Lisowska-Miszczyk I, Rytlewski K. Nebulized pentoxifylline for prevention of bronchopulmonary dysplasia in very low birth weight infants: a pilot clinical study. <i>J Matern Fetal Neonatal Med.</i> 2006;19(7):433–438. doi:10.1080/14767050600736754		

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For any enquiries relating to this guideline, please email <a href="mailto:KEMH.PharmacyAdmin@health.wa.gov.au">KEMH.PharmacyAdmin@health.wa.gov.au</a>

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