

SALBUTAMOL

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Formulary: Restricted Requires Neonatologist or relevant specialist review within 24 hours of initiation	
Presentation	Ampoule: 500 microg/mL Inhalation solution (for nebulisation): 5 mg/2.5 mL Metered dose inhaler: 100 microg/actuation
Drug Class	Short acting Beta ₂ agonist
Indication	<ul style="list-style-type: none"> To reduce airways resistance in ventilator dependent neonates with bronchopulmonary dysplasia To treat hyperkalaemia
Monitoring	<ul style="list-style-type: none"> Monitor heart rate during, and for 30 minutes post, administration Monitor serum potassium High doses can increased blood glucose concentration
Compatibility	Fluids: sodium chloride 0.9%, water for injection
Incompatibility	No information
Interactions	<ul style="list-style-type: none"> Beta blockers (e.g. propranolol) antagonise the action of salbutamol on the airways Diuretics (e.g. furosemide, hydrochlorothiazide) increase the risk of hypokalaemia and ECG changes
Side Effects	Tachycardia, tremor, hyperexcitability, irritability, hypokalaemia, cardiac arrhythmias
Storage & Stability	Ampoule: Store below 25°C. Protect from light Nebules: Store below 30°C. Protect from light Metered dose inhaler: Store below 30°C. Protect from frost and direct sunlight. Therapeutic effect of this medication may decrease when the canister is cold. Pressurised container. Do not expose to temperatures higher than 50°C

INTRAVENOUS PUSH

Presentation (for IV use)	Ampoule: 500 microg/mL
Dosage	<p>Hyperkalaemia 4 microg/kg/dose Dose may be repeated once after a minimum of two hours</p>
Preparation	<div style="border: 1px solid orange; padding: 5px; margin-bottom: 10px;"> <p>⚠ WARNING: double dilution required – Take extra care and minimise distractions</p> </div> <p>First Dilution: Dilute 500 microgram (1mL) to 10mL with compatible diluent. Concentration is now 50 microg/mL</p> <p>Second Dilution: Withdraw 1mL of above solution and dilute to 10mL with compatible diluent. Final concentration 5 microg/mL</p>
Administration	IV push: Inject slowly over 5 to 10 minutes



INHALATION / ENDOTRACHEAL

Presentation (for inhalation)	<p>Metered dose inhaler: 100 microg/actuation Inhalation solution (for nebulisation): 5 mg/2.5mL</p>
Dosage	<p>Bronchodilation Metered dose inhaler (MDI) 100 to 200 microg (1 to 2 actuations) every 6 hours Can be given more frequently if required</p> <hr/> <p>Bronchodilation Nebulisation 1.25 mg every 6 to 8 hours</p> <hr/> <p>Hyperkalaemia Nebulisation 400 microg every 2 hours until serum potassium decreases to desired safe level</p>
Preparation	Nebulisation Dilute required dose to 3 mL (or an appropriate volume) with sodium chloride 0.9%
Administration	<p>Nebulisation</p> <ul style="list-style-type: none"> • Nebulised via endotracheal tube • The expiratory block of ventilators should be changed on a weekly basis when nebulised drugs are used <hr/> <p>Metered dose inhaler</p> <ul style="list-style-type: none"> • Shake well before each actuation • Use via a spacer device into the inspiratory limb of the ventilator circuit



Related Policies, Procedures, and Guidelines



Clinical Practice Guidelines:

[Neonatology – Hyperkalaemia Management](#)

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