

# **NICU/NNU: Dobutamine**

Presentation:	Solution for injection 5mg/ml, 50ml ampoules			
Indication:	Inotropic support			
Dose:	2- 20 micrograms/kg/minute			
	Start infusion at 5 micrograms/kg/minute and adjust according to clinical response			
Route of administration:	Continuous intravenous infusion via SMART pump via central line			
Instructions for preparation:	<ul> <li>Single strength <ul> <li>Measure 30mg/kg dobutamine (round to nearest 0.5mg)</li> <li>Dilute with glucose 5% or sodium chloride 0.9% to a final volume of 50mL</li> <li>A dose of 5 micrograms/kg/min will be provided by a flow rate of 0.5mL/hour</li> </ul> </li> <li>Double strength (only if weight 4kg or less) * <ul> <li>Measure 60mg/kg dobutamine (round to nearest 0.5mg)</li> <li>Dilute with glucose 5% or sodium chloride 0.9% to a final volume of 50mL</li> <li>A dose of 10 micrograms/kg/min will be provided by a flow rate of 0.5mL/hour</li> </ul> </li> <li>Quadruple strength (only if weight 2kg or less) * <ul> <li>Measure 120mg/kg dobutamine (round to nearest 0.5mg)</li> <li>Dilute with glucose 5% or sodium chloride 0.9% to a final volume of 50mL</li> </ul> </li> <li>A dose of 10 micrograms/kg/min will be provided by a flow rate of 0.25mL/hour</li> <li>*These weight restrictions are purely due to the concentration of the neat injection solution</li> <li>If central access not available a single strength infusion may be given into a large peripheral vein only if the infant weighs no more than 1.6kg (max concentration 1mg/ml). Do not give double or quadruple strength dobutamine peripherally.</li> </ul>			



<u>Prescribin</u>	g						
QHB Med	<u>iTech</u>						
		SET and	select the op	tion for NEONATAL INC	OTROPES. Then tick dob	utamine infusio	n.
	butamine	F20 //	,				
	outamine inf		7	:			
	OSE mg IVC						
IN	EUNATAL CE	ntrai iine s	sumg/kg (inc	otropic support)			
	riber screen (			amine needed to make t R screen (medication ch	he infusion. art) will explain how to ma	ake the infusior	ı and provide
Example f	or 1.1kg baby	<b>'</b> .					
	riber screen:						
	butamine						
	utamine inf [		TON E-f- d				
	mg IVCENT			a ropic support)			
IN	EONATAL CEN	trai line st	ing/kg (inot	ropic support)			
33 mg i Generic	t (and secon nine int [30mg/k IVCENTRAL INFL dobutamine inf d0060702	JSION	er screen)				
Initial ra to respo Label Co Add 6.6 dobutan	structions: ste 5micrograms nse. omments: mIS (33 mg = 6 nine using 5mg/s 5% or sodium o	i.6 ml) ml solution a	nd dilute with	f			
	ter by continuou hour delivers 5			:			
Discard	diluted solution	after 24 hou	rs, pink discolo	ouration may occur.			
<u>RDH</u>							
**Please	ensure conc	entration	(in mg/mL)	is completed to enabl	e use of SMART pumps	**	
		<b>ation</b> of in	fusion for SI	MART pumps (in mg/m	nL) divide total mg in inf	usion by total v	olume of
infusion (	mL):						
e.g. 21mg	in 50mls = 2	$1 \underline{mg} = 0.$	42mg/ml				
	Į	50mls					
Example	prescription	for 0.7 kg	g infant (sin	gle strength):			
Drug		Drug amoun	t in syringe	Diluent	Total volume (ml)	Route	
Dobutar	nine	21	lmg	Glucose 5%	50ml	IV	
Start date	Drug concentra	ation per ml	Infusion range	Min	Max	Name, Sig, Bleep	
6/3/18	0.10	, ,	Dose/kg/time	2micrograms/kg/min	20micrograms/kg/min	A.Doctor	
Pharm	0.42mg	g/mi	ml/hr	0.2	2	#1234	



Directions for administration via SMART pump	<ul> <li>Load Syringe, prime line using the pump for accurate dosing.</li> <li>Open 'Neonates' folder then open 'doBUTamine' programme.</li> <li>Using DATA chevrons enter concentration in mg/mL and confirm</li> <li>Enter baby's weight in kg and confirm</li> <li>Enter the dose in micrograms/kg/min</li> <li>Visually confirm the rate (mL/h) against the prescribed dose (micrograms/kg/min)</li> <li>Perform STOP moment with medical team (Pump against prescription)</li> <li>Connect to Child</li> </ul>
	Press start button
Known compatibility issues	See separate compatibility chart.
Additional Comments:	Dobutamine injection may turn pink due to slight oxidation of the drug. Such solutions are safe to use as there is no significant loss of potency. Discard the diluted solution after 24 hours.  Tolerance may develop with continuous infusions longer than 72 hours requiring an increase in dose. Avoid abrupt withdrawal. Reduce dose gradually to avoid unnecessary hypotension.  Dobutamine injection contains sodium metabisulphite which can cause allergic type reactions, including anaphylactic symptoms and asthma-like symptoms.

Note: The contents of this monograph should be read in conjunction with information available in the BNFC and Medusa

#### References:

British National Formulary for Children, accessed via <a href="www.medicinescomplete.com">www.medicinescomplete.com</a> Accessed on 1/09/23 SPC for accessed via <a href="www.medicines.org.uk">www.medicines.org.uk</a> Accessed on 1/09/23 Medusa Injectable Medicines Guide, accessed via <a href="http://medusa.wales.nhs.uk">http://medusa.wales.nhs.uk</a> Accessed on 1/09/23



## **Document control sheet**

GUIDELINE NUMBER	
AREA IN WHICH THIS MONOGRAPH APPLIES	Neonatal Intensive Care Unit

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GROUP	DATE		
Paediatric monograph review group	07/12/2023		

AUTHORS			
Author	Position	Date	
Written by: Lisa Taylor	Advanced Paediatric Pharmacist	August 2017	
Checked by: Kevin Inglesant	Advanced Paediatric Pharmacist	August 2017	

#### If review:

	Position	Date
Reviewed by:	Rotational Clinical Pharmacist	September 2023
Maisie-Jane Fry		
Checked by:Ellie Cheale/		
Lamia Ahmed	Womens and Childrens Pharmacist	September 2023

### Change history:

Changes Reference	Change details	Date
	Updated concentration of dobutamine ampoules from 12.5mg/mL to 5mg/mL	25/7/18
	Updated to UHDB status for cross-site use - include reference to MediTech prescribing	April 2023
	Rewording of dosing to make clearer	20/11/23