UNIVERSITY HOSPITALS OF DERBY & BURTON NHS FOUNDATION TRUST DRUG MONOGRAPH FOR USE ON ADULT INTENSIVE CARE UNITS

Epoprostenol (For Prisma) - Derby Only

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To maintain patency of the filter during hemofiltration in patients where heparin is contraindicated due to low platelets / HIT			
1-5 nanograms/kg/minute adjusted to keep the filter patent. Manufacturer advises 4 nanograms/kg/min initially.			
To make up a syringe containing 10,000 nanograms per ml: - 1. Withdraw approximately 10mls of the sterile diluent (50ml vial) into a sterile syringe 2. Inject the contents of the syringe into the vial containing Epoprostenol powder (500 micrograms) and shake gently until all the powder has dissolved 3. Draw up all the epoprostenol solution into the syringe 4. Re-inject the entire contents of this syringe back into the original 50ml of sterile diluent. 5. Mix well 6. Draw up 50mls into a 50ml sterile syringe and attach the filter provided and a cap to the open end of the filter. 7. This solution is referred to as the concentrated solution (containing 10,000nanograms per ml) and may be stored in the fridge. 8. This 'stock syringe can be used to transfer doses into 20ml sterile syringes which fit the PRISMA apparatus. The shelf life is then adjusted (see below) and so it is advisable not to draw up more than is required for 12 hours' worth of infusion. The PRISMA machine used on ICU requires 20ml syringes. Due to the short half-life of the drug, take extra care to ensure the syringe is changed immediately once empty/expired.			
Epoprostenol should be infused via the arterial inlet of the dialyser [not for intravenous use]			
Concentrated Solution: Store for 36 hours in a fridge. In-use on the Dialyser: May be used for 8 hours at room temperature.			
Not applicable as infused via the arterial limb of the dialyser			
Side effects include facial flushing & headache, bradycardia, transient fall in blood pressure, thyroid disorders and interference with TFT's (thyroid function tests), photosensitivity, liver disorders and pulmonary fibrosis			
DRUGS ADDED TO T PATIENT A. Patient (A. Number) DRUG Epoprostenol (20ml Neat) DATE ADDED TIME ADDED EXP. D. EXP. D. EXP. D. EXP. TI	WARD ICH NT ADDED CHECKED BY BY ATE BATCH		
	patients where heparin is contrain HIT 1-5 nanograms/kg/minute adjuste Manufacturer advises 4 nanogram NB: ONE microgram = 1,000nano To make up a syringe containing 1. Withdraw approximately 10mls vial) into a sterile syringe 2. Inject the contents of the syring Epoprostenol powder (500 microguntil all the powder has dissolved 3. Draw up all the epoprostenol soft and the entire contents of original 50ml of sterile diluent. 5. Mix well 6. Draw up 50mls into a 50ml steriliter provided and a cap to the op 7. This solution is referred to as solution (containing 10,000nano be stored in the fridge. 8. This 'stock syringe can be use sterile syringes which fit the PRIS is then adjusted (see below) and up more than is required for 12 hours to the short half-life of the drug the syringe is changed immediate Epoprostenol should be infused viallyser [not for intravenous used to the Dialyser: May be used for 8 hours at room to the Concentrated Solution: Store for 36 hours in a fridge. In-use on the Dialyser: May be used for 8 hours at room to the Side effects include facial flushing transient fall in blood pressure, the interference with TFT's (thyroid furth photosensitivity, liver disorders are the properties of the photosensitivity properties of the photosensitivity properties of the photosensitivity properties of the photosensitivity properties of the properties of t		

Epoprostenol Dose Checker

(Only for use with 10,000nanogram per ml Infusions). All rates are in ml per hour.

IDEAL BODY	Dose	e of Epoprostenol in nanogram per kg per minute			
WEIGHT (Kg)	Increasing anticoagulant effect→				
	1	2	3	4	5
	All Rates below are in ml per hour.				
	(Only valid for 10,000nanogram/ml infusions)				
40	0.24	0.48	0.72	0.96	1.20
45	0.27	0.54	0.81	1.08	1.35
50	0.30	0.60	0.90	1.20	1.50
55	0.33	0.66	0.99	1.32	1.65
60	0.36	0.72	1.08	1.44	1.80
65	0.39	0.78	1.17	1.56	1.95
70	0.42	0.84	1.26	1.68	2.10
75	0.45	0.90	1.35	1.80	2.25
80	0.48	0.96	1.44	1.92	2.40
85	0.51	1.02	1.53	2.04	2.55
90	0.54	1.08	1.62	2.16	2.70
95	0.57	1.14	1.71	2.28	2.85
100	0.60	1.20	1.80	2.40	3.00
105	0.63	1.26	1.89	2.52	3.15
110	0.66	1.32	1.98	2.64	3.30

Documentation Controls

Development of Guideline:	Pharmacist – Critical Care & Theatres	
Consultation with:	Pharmacy Department	
Approved By:	Adult Drug Monograph process Written/Reviewed: Munthar Miah Critical Care Pharmacist December 2023 Checked by James Hooley, Medicines Safety Pharmacist December 2023	
Review Date:	December 2026	
Key contact:	Pharmacist – Critical Care & Theatres	

References

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