

## Adrenaline (Epinephrine) NICU

Presentation:	Adrenaline (epinephrine) base 1mg/ml ampoules = adrenaline (epinephrine) 1 in 1000					
Indications:	Inotropic support					
Dose:	Neonate: Initially 100 nanograms/kg/minute, adjusted according to response, higher doses up to 1.5 micrograms/kg/minute have been used in acute hypotension  Start at lower dose and adjust doses according to clinical response.  When stopping the infusion, the dose should be gradually decreased rather than stopping sudd to avoid sudden falls in blood pressure.					
Route of administration:	Continuous IV infusion using a syringe driver, via a central line or intra-osseous line only					
	Preparation of syringe for CENTRAL LINE use:					
	<ul> <li>Using ampoules containing adrenaline (epinephrine) base 1mg/ml = adrenaline (epinephrine) 1 in 1000</li> <li>Total mgs adrenaline base (1mg/ml) required = 3 x weight (kg) round to nearest 0.1mg for ease of measuring</li> <li>Make up to final volume of 50ml with glucose 5%</li> </ul>					
	A dose of 100 nanograms/kg/minute (0.1micrograms/kg/min) will be provided by a flow rate of 0.1 ml/hour					
	The calculated infusion rate should be rounded to the nearest 0.1ml. Subsequent dose changes can be made by altering the infusion rate.					
Directions for Administration:	Administer by continuous intravenous infusion via SMART pump					
	**In fluid restricted babies it may be necessary to use 'double' or 'quadruple' strength syringes. These MUST be administered centrally**					
	<b>Double</b> = number of mg of adrenaline = 6 x baby's weight (kg) made up to 50ml. A dose of 100 nanograms/kg/min will be provided by a flow rate of 0.05ml/hr					
	<b>Quadruple</b> = number of mg of adrenaline = 12 x baby's weight (kg) made up to 50ml. A dose of 100 nanograms/kg/min will be provided by a flow rate of 0.025ml/hr					
	<ul> <li>Protect the syringe from light – please contact pharmacy if a black bag is required</li> <li>Discard diluted adrenaline (epinephrine) solution after 24 hours or if brown colouration develops.</li> </ul>					
Prescribing:	Prescribe on paper drug chart (see below example for 2kg baby)					
	**Please ensure concentration (in micrograms/ml) is completed to enable use of SMART pumps**					
	To calculate <b>concentration</b> of infusion for SMART pumps (in micrograms/ml) divide total mg in infusion by total volume of infusion (mls) and multiply by 1000:					
	e.g. 6mg in 50mls = 6mg = 0.12mg/ml x 1000 = 120micrograms/ml 50mls					
	See overleaf for sample prescription					

Adrenaline: Version 1, Sept 2017 Written by: Lisa Taylor, Paediatric Pharmacist Approved for use: Integrated Care Division 16/10/17



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	Drug (approved name)				Dose		
	Adrenaline				6mg		
	Infusion fluid				Volume		
	Glucose 5% Concentration	Glucose 5% Concentration Type of line			50ml		
	120 micrograms/r	nl					
	Minimum rate		Maximum rate				
	100 nanograms/kg/m	nin (0.1ml/hr) Infuse over	1.5 micrograms/kg/min (1.5ml/hr) hrs Pharm				
	IV			1113			
	Start date	Print name & sign (incl. b	leep)	Stop date			
	9/6/2017	A Doctor					
	Hypovolaemia should be corrected before adrenaline (epinephrine) infusions are started.						
	Use with caution in:						
	Arrhythmias; cerebrovascular disease; diabetes mellitus; hypercalcaemia; hyperreflexia; hypertension;						
	hyperthyroidism; hypokalaemia; obstructive cardiomyopathy; occlusive vascular disease; organic brain						
Cautions and Contraindications:	damage; phaeochromocytoma; susceptibility to angle-closure glaucoma						
Contraindications.	Increased risk of arrhythmias when used with volatile anaesthetics, tricyclic antidepressants and digoxin						
	Increased risk of hypertension and bradycardia with beta blockers, dobutamine or noradrenaline						
	(norepinephrine)						
	Increased risk of hypertension when used with tricyclic antidepressants  Response to adrenaline may be reduced if on concurrent beta blockers						
	Side effects include: hypertension, arrhythmias, hyperglycaemia, nausea and vomiting, cold extremities,						
Common Side Effects:	tachycardia, reduced renal blood flow and urine output, chest pain, dizziness, dry mouth, dyspnoea,						
	tremor, headache, hypokalaemia, tissue necrosis at injection site						
	Most side effects are easily controlled by reducing the dose of adrenaline (epinephrine) or stopping the						
	infusion because the drug has a short duration of action.						
Compatibility (Y – site):	Compatible –					Incompatible	
		urosemide (both drug		Ranitidine		Aminophylline	
	`	e in 0.9% sodium chlo eparin	oriae)	Remifentanyl Vecuronium		Sodium bicarbonate and other strongly	
		ydrocortisone		Sodium chloride 0.9°	%	alkaline solutions	
	,	sulin		Glucose 5%	, •		
	Calcium salts La	abetalol		Glucose 10%			
		Midazolam					
		Milrinone		*Whilst adrenaline is compatible with morphine, it is recommended			
		orphine* oradrenaline (norepir	anhrina)	not to mix them in the l			
		otassium chloride	iepiiiiie)	morphine bolus would			
	Tornariyi			bolus of adrenaline			
Additional Comments:	Cardiovascular and renal parameters should be monitored, including heart rate and ECG, blood pressure,						
	urine output and cardiac output.						
	Adrenaline (epinephrine) contains sodium bisulphite. Bisulphite can cause allergic type reactions, including anaphylactic symptoms, in susceptible patients. Sulphite sensitivity is seen more frequently in						
	asthmatic patients.						

## References

- Adrenaline injection BP 1 in 1000, Hameln Pharmaceuticals Ltd, SmPC (last updated 18/12/15), accessed via www.medicinescomplete.com, 17/08/2017
- British National Formulary for Children 2016-17, accessed via <u>www.medicinescomplete.com</u> 17/08/2017
- Medusa Injectable Medicines Guide, accessed via http://medusa.wales.nhs.uk, 17/08/2017
- University College Hospitals Injectable Medicines Administration Guide, 3<sup>rd</sup> edition, 2010
- Trissel LA (ed), Handbook on Injectable Drugs, accessed via <a href="www.medicinescomplete.com">www.medicinescomplete.com</a> 17/08/2017