

NEONATAL MEDICATION PROTOCOLS

ADRENALINE
Created by: NCCU
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NCCU Clinical Guidelines
KEMH/PMH
Perth, Western Australia

DRUG:	ADRENALINE
PRESENTATION:	Ampoule: 1 in 10,000, (1mg/10mL) 10mL Ampoule: 1 in 1,000, (1mg/mL) 1mL Respirator Solution : 1% 15mL
ACTION & INDICATION:	Sympathomimetic agent For cardiac arrest, severe bradycardia, acute hypotension, bronchospasm. Low cardiac output
DOSE:	Intravenous: USE 1 IN 10,000 AMPOULE ONLY 0.1 - 0.3mL/kg/dose Intravenous infusion: USE 1 in 1000 AMPOULE ONLY To be further diluted (see Preparation section) Initially 0.1microgram/kg/minute, increasing to a maximum of 1microgram/kg/min Endotracheal tube: USE 1 IN 10,000 AMPOULE ONLY 0.1 – 0.3mL/kg/dose For ease of calculation in an acute resuscitation a dose of 1mL may be given in a term infant and 0.5mL in a preterm infant. Repeated doses may be required. Nebulisation: Using Respirator Solution 0.05mL/kg/dose Using 1 in 1000 ampoule only 0.5mL/kg/dose Dilute to 2-4mL with saline.
PREPARATION:	Use solution prepared in Pharmacy if available. To give a dose of 0.1 microgram/kg/min when infused at 1mL/hr: Take 0.3mg of adrenaline (ie 0.3mL of 1:1000) per kilogram of baby's weight and dilute to 50mL with glucose or glucose / saline solutions. If a different concentration is required, refer to the Calculation of Drug Infusion table.

ADMINISTRATION:	Intravenous injection Intravenous infusion Umbilical arterial/venous injection Nebulisation
ADVERSE EFFECTS:	Tachycardia, dysrhythmias, hypertension, tremor, cold extremities, agitation.
COMMENTS:	Incompatible with sodium bicarbonate If possible correct acidosis prior to adrenaline administration
REFERENCES:	NNF 6 th Ed 2011 Neofax 2012 Neonatal Pharmacopoeia 2 nd Ed 2005 Royal Women's Hospital; Melbourne
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