



NEONATAL MEDICATION PROTOCOLS

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

DRUG:	CAFFEINE
PRESENTATION:	Oral solution: 10 mg/mL (caffeine base) Ampoule: 50 mg/5 mL (caffeine base)
ACTION & INDICATION:	Stimulates central inspiratory drive and increases sensitivity of the medullary centre to CO ₂ . Used for prevention or treatment of apnoea of prematurity or apnoeas associated with respiratory infection or anaesthesia. To aid extubation of ventilated babies.
DOSE:	Loading dose: 20 mg/kg (caffeine base) Maintenance dose: 5 to 7.5 mg/kg/day (caffeine base) commencing at least 24 hours after loading dose.
PREPARATION:	Diluent: 0.9% Sodium chloride, Water for Injections Loading dose: does not require dilution If maintenance dose requires dilution: Dilute 50 mg/ 5 mL ampoule with 5mL of diluent = 50 mg/ 10 mL
ADMINISTRATION:	For intravenous, umbilical arterial / venous infusion Infuse over 30 minutes. Oral: Give dose with feeds.
ADVERSE EFFECTS:	Nausea, vomiting, gastric irritation Agitation Tachycardia Diuresis Overdose – arrhythmias, seizures.
DRUG MONITORING:	Sampling time: Midway between doses Drug levels Therapeutic: 5 - 30 mg/L Toxic: > 50 mg/L Routine monitoring of drug levels is not required. Check levels if toxicity is suspected or to check therapeutic range.
REFERENCES:	BNF for Children 2013 Neofax 2012 Acta Paediatr Scand 1989;78:786-788 (for dosing)
DATE:	June 2014