

## NEONATAL MEDICATION PROTOCOLS

<b>DRUG:</b>	<b>DEXAMETHASONE PHOSPHATE</b>		
<b>PRESENTATION:</b>	Ampoule:	4 mg/mL (4000 microgram/mL)	
	Oral Solution :	1 mg/mL (1000 microgram/mL)	
<b>ACTION &amp; INDICATION:</b>	Synthetic glucocorticoid which acts as an anti-inflammatory or immunosuppressive agent For respiratory insufficiency and oedema with acute non-infectious laryngospasm To prevent post intubation stridor in neonates who have had repeated, traumatic or prolonged intubation.		
<b>DOSE:</b>	<b>Chronic Lung Disease (DART Regimen):</b> Note - The weaning regime can be shortened or lengthened depending on the infants clinical response		
	<b>DART Course Day</b>	<b>Dose</b>	<b>Frequency</b>
	Day 1-3	75 microg/kg	12 hourly
	Day 4-6	50 microg/kg	12 hourly
	Day 7-8	25 microg/kg	12 hourly
	Day 9-10	10 microg/kg	12 hourly
	<b>Post Intubation Stridor:</b> 250 microg/kg every 8 hours for 3 doses Recommended to start 12 hours prior to removal. Minimum of 4 hours is recommended.		
<b>PREPARATION:</b>	<b>IV: Use solution prepared by Pharmacy if available.</b> If premade solution is not available, use the following process to prepare a 100microg/mL solution Diluent: Water for Injections Draw up 0.5 mL (2 mg) of drug and dilute to 20mL with Water for Injections = 100microgram /mL <b>Oral:</b> <ul style="list-style-type: none"> <li>• Doses greater than 50 microgram No dilution required.</li> <li>• Doses less than 50 microgram Take 1mL (1000 microgram) of oral dexamethasone solution and dilute to 10mL with Water for Injections = 100microgram/mL Dilute immediately before use. Discard remaining solution immediately after use</li> </ul>		
<b>ADMINISTRATION:</b>	<b>IV Push:</b>	over 3 - 5 minutes	
	<b>Oral:</b>	Given with or immediately after feeds.	
<b>COMMENTS</b>	For Chronic Lung Disease, consider repeating a course, using higher doses, or adjusting the course duration in infants who do not respond. IV and Oral dosing is equivalent		
<b>ADVERSE EFFECTS:</b>	Sepsis, hyperglycaemia, hypertension, adrenal suppression, behavioral disturbances, acute adrenal insufficiency in abrupt withdrawal G.I. bleeding Increases urinary calcium excretion Osteoporosis, growth restriction Increases risk of cerebral palsy		
<b>REFERENCES:</b>	DART Regimen Paediatric Research 56(3):477 September 2004 Davis PG, Henderson-Smart DJ. Intravenous dexamethasone for extubation of newborn infants. Cochrane Database of Systematic Reviews 2001, Issue 4. Art. No.: CD000308. DOI: 10.1002/14651858.CD000308		