

## **NEONATAL**

## **DEXMEDETOMIDINE**

This document should be read in conjunction with this **DISCLAIMER** 

## **HIGH RISK Medication**



Rapid IV administration of Dexmedetomidine may cause bradycardia and sinus arrest.

Do not stop infusion abruptly as may result in rebound symptoms.

Presentation	Vial: 200microgram/2mL		
Action & Indication	<ul> <li>Selective alpha 2-adrenoreceptor agonist</li> <li>Sedative</li> <li>Anxiolytic</li> <li>Analgesic</li> <li>Use with caution in patients with hypotension, severe bradycardia, ventricular dysfunction, hypovolaemia, diabetes, renal/hepatic impairment, post-operative congenital heart disease, concurrent use of vasodilator or negative chronotropic agents.</li> </ul>		
Dose	IV:  > 36 weeks corrected gestational age  Loading Dose: 0.05 – 0.2 microg/kg over 30 minutes  Maintenance Dose: 0.05 to 0.6 microgram/kg/hour  Dosing should be tapered after 24 hours as tolerance may develop and not given for longer than 2-3 days.		
Monitoring	Monitor heart rate, MAP, CVP, blood pressure, oxygen saturation, respiratory rate, urine output		
Preparation	Compatible Fluids: Sodium chloride 0.9% or glucose 5%  IV Infusion:  Dilution  Dilute 50 microgram (0.5mL) with 49.5 mL of appropriate infusion fluid  Final concentration is 1microgram/mL		

Adverse Effect	Common: Withdrawal and rebound symptoms (hypertension, agitation, tachycardia, dilated pupils, diarrhoea, increased muscle tone, emesis)		
	<b>Serious:</b> bradycardia, hypotension, sinus arrest; patients with high vagal tone or with rapid administration.		
References	Mangum B. Neofax 2012. Thomson Reuters; 2012.  Lam et al. Haemodynamic Effects of Dexmedetomidine in Critically ill Neonates and Infants with Heart Disease. Pediatric Cardiology 2012; 33:1069-1077.		
	Mahmoud et al. Dexmedetomidine: review, update and future considerations of paediatric perioperative and periprocedural applications and limitation. BJA 2015;171-82.		

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