DRUG:	**DEXMEDETOMIDINE**
ALERTS & RESTRICTIONS:	**HIGH RISK Medication**
PRESENTATION:	200microgram/2mL
ACTION & INDICATION:	Selective alpha 2-adrenoreceptor agonist Sedative, anxiolytic and analgesic effect
DOSE:	**IV:** >36 CGA Loading dose: 0.05 to 0.2 microgram/kg Maintenance dose: 0.05 to 0.6microgram/kg/hour. Dosing should be tapered after 24 hours and not given for longer than 2-3 days. Reduce initial dosage in renal and liver impairment.
PREPARATION:	Infusion dilution: Dilute 50microgram (0.5mL) with 48 mL of appropriate infusion fluid to provide a final concentration of 1microgram/mL Compatible with sodium chloride 0.9% and glucose 5%
ADMINISTRATION:	Loading dose: Infuse over 30 minutes. **DO NOT administer via IV push.** **Do NOT stop abruptly**
ADVERSE EFFECTS:	Significant bradycardia, hypotension and sinus arrest may occur; patients with high vagal tone or with rapid administration. Use with caution in patients with hypotension, severe bradycardia, ventricular dysfunction, hypovolaemia, diabetes,renal/hepatic impairment, post-op congenital heart disease, concurrent use of vasodilator or negative-chronotropic agents. Withdrawal and rebound symptoms (hypertension, agitation, tachycardia, dilated pupils, diarrhoea, increased muscle tone, emesis)
MONITORING:	Monitor heart rate, MAP, CVP, blood pressure, oxygen saturation, respiratory rate, urine output
COMMENTS:	Tolerance and tachyphylaxis may occur beyond 24 hours
REFERENCES:	Neofax, Truven Health Analytics, 2016 Clinical Pharmacology, Elsevier 2015 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