NEONATAL MEDICATION PROTOCOLS

DIGOXIN
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NCCU Clinical Guidelines
KEMH/PMH
Perth, Western Australia

DRUG:	**DIGOXIN**
PRESENTATION:	Ampoule: 50 microgram / 2mL Paediatric elixir: 50 microgram / mL
ACTION & INDICATION:	Increases myocardial contractility and cardiac output Slows AV conduction Congestive heart failure, atrial fibrillation, supraventricular tachycardia
DOSE:	<u>Oral/Intravenous</u> Loading dose: < 34 weeks 15-25 microgram/kg ≥ 34 weeks 30-40 microgram/kg Give ½ total loading dose initially, then ¼ total loading dose in 8 hours then last ¼ loading dose in 8 hours. Maintenance: 4 – 5 microgram/kg/dose 12 hourly **Oral bioavailability is 80% of intravenous. Use lower dose in range for intravenous use.**
PREPARATION:	Use undiluted if possible. If dilution required, contents of ampoule must be diluted at least fourfold. Diluent: Water for Injections, 0.9% Sodium chloride, Glucose and Saline Solution. Dilute contents of ampoule to 10mL = 50 microgram / 10mL
ADMINISTRATION:	Administer over 5 minutes
ADVERSE EFFECTS:	Bradycardia, dysrhythmias Vomiting, diarrhoea <u>Factors influencing toxicity:</u> Hypoxia, acid base imbalance, hypocalcaemia, hypokalaemia, hypomagnesaemia.
DRUG MONITORING:	Sampling time: 6 hours post dose. Therapeutic range: 0.5 - 2.2 microgram/L 0.6 - 2.8 mmol/L Time to reach steady state: 1 week
REFERENCES:	Pediatric Dosage Handbook 14th Ed Paediatric Pharmacopoeia 13th Ed Royal Children's Hospital Melbourne Neonatal Pharmacopoeia 2nd Ed Royal Women's Hospital
DATE:	August 2013

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