

NEONATAL MEDICATION PROTOCOLS

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

DRUG:	INDOMETHACIN
PRESENTATION:	Vial KEMH: 1000microg/5mL (200microgram/mL) Oral Suspension: 250 microgram/mL
ACTION & INDICATION:	Prostaglandin synthetase inhibitor Closure of haemodynamically significant patent ductus arteriosus Prevention of intraventricular haemorrhage
DOSE:	IV: Initial dose: 200microgram/kg/dose Subsequent doses: 100-200microgram/kg/dose every 24 hours for 2 doses. A further 2 doses may be given if required (max. 5 doses) Oral : Initial and subsequent dose: 200microgram/kg/dose every 24 hours for 3 - 5 doses. <i>(Infant must be on at least 100mL/kg/day of oral feeds before starting oral administration)</i>
PREPARATION:	IV: No further dilution required (200micrograms/mL) Oral Suspension prepared in Pharmacy
STORAGE:	IV: SCN3 Fridge Refer to outer packaging for updated expiry date (28 days post defrosting) Vials are kept frozen in Pharmacy prior to supply to NCCU
ADMINISTRATION:	Intravenous: Infuse over 20-30 minutes. Flush bung with 0.5mL of Sodium Chloride 0.9% over at least 30 minutes. Oral: Given with or immediately after feeds.
ADVERSE EFFECTS:	Hyponatraemia, hyperkalaemia, oedema, GI bleeding, abdominal distension, transient ileus, NEC, decreased platelet aggregation Nephrotoxicity - use with caution with other renally excreted drugs.
COMMENTS:	Monitor urea and electrolytes.
REFERENCES:	1. Paediatric Pharmacopoeia 13 th Ed Royal Children's Hospital Melbourne 2. Neofax 2014 3. BNF for Children 2014 4. AHFS Drug Information 2014 5. SHPA Australian Injectable Drugs Handbook 5 th Edition 2014 6. Moudry R, Hornstein S, Ferr-Bigger M, Guyer S, Long-Term Stability of Indomethacin 0.2 mg/ml Ready-To-Use Solution For Intravenous Use, Eur J Hosp Pharm 2013;20:A77
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