NEONATAL MEDICATION PROTOCOLS

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

DRUG:	**PHENYTOIN SODIUM**
PRESENTATION:	Ampoule: 50mg/mL 2mL 5mL Oral Solution: 100mg/5mL
ACTION & INDICATION:	Anticonvulsant indicated for the control of grand mal and psychomotor seizures unresponsive to phenobarbitone.
DOSE:	Loading dose: 15-20mg/kg ***Maintenance Dose:*** Commence 12 hours after loading dose <37 weeks ≤14days 2mg/kg/dose 12 hourly >14days 5mg/kg/dose 12 hourly ≥37weeks ≤14 days 4mg/kg/dose 12 hourly >14 days 5mg/kg/dose 8 hourly
PREPARATION:	IV: Withdraw required the dose. Dilute 1 part to 10 with 0.9% Sodium Chloride only. Infusion must be completed within one hour of preparation.
ADMINISTRATION:	Oral: Flush IGT prior to, and after, each oral dose. Separate dose time from feeds. Intravenous: Over 30-60 minutes. Flush line with sodium chloride 0.9%, before and after administration. ***DO NOT GIVE BY IA, IM or SC route.***
ADVERSE EFFECTS:	CNS depression, bradycardia, hypotension, cardiovascular collapse, feed intolerance, rash, blood dyscrasias. Vein irritation tissue necrosis, avoid extravasation.
COMMENTS:	Oral absorption is poor, avoid during the first week.
DRUG LEVELS:	Sampling time: Just before next dose Trough level: 10-20mg/L (40-80 micromol/mL) Time to reach steady state: 1 week (highly variable) If dose changed re-assay after 5-7 days.
REFERENCES:	Neofax 2013 Neonatal Pharmacopoeia 2nd Ed Royal Women's Hospital Melbourne
DATE:	October 2013