



NEONATAL MEDICATION GUIDELINE					
Phenobarbitone (Phenobarbital)					
Scope (Staff): Nursing, Medical and Pharmacy Staff					
Scope (Area):	KEMH NICU, PCH NICU, NETS WA				
This document should be read in conjunction with the Disclaimer.					

# **Quick Links**

DosePreparation & AdministrationSide Effects & InteractionsMonitoring

### Restrictions

## **Formulary: Restricted**

Requires Neonatologist or Neurologist review within 24 hours of initiation

## **Description**

Barbiturate - anticonvulsant and sedative

## **Presentation**

Ampoule: 200mg/mL
Oral Solution: 10mg/mL

## **Storage**

Store at room temperature, below 25°C

## **Contraindications**

Avoid in acute porphyrias

Severe respiratory depression

Severe hepatic impairment

#### Dose

#### Neonatal seizures

IV/IM/Oral:

Loading dose: 20 mg/kg

If no response, a further 10 – 20 mg/kg may be given

Maximum loading dose: 40 mg/kg

**Maintenance dose:** 3 – 5 mg/kg once daily commencing 12 -14 hours after the loading dose

#### Neonatal jaundice

#### IV/IM/Oral:

5 mg/kg once daily

#### Neonatal abstinence syndrome (NAS)

#### IV/IM/Oral:

Refer to clinical practice guideline Neonatal Abstinence Syndrome

### **Dose Adjustment**

Adjust dose according to response and concentration monitoring

Renal Impairment: Dosage adjustment may be required in severe renal impairment

## **Preparation**

#### IM

Use undiluted

#### IV

Withdraw 1mL (200mg) of phenobarbitone and make up to a final volume of 10mL of a compatible fluid.

Concentration = 200mg/10mL = 20mg/mL

**Note:** Due to high viscosity of phenobarbitone, ensure thorough mixing of medication and diluent.

#### **Administration**

#### **Oral**

Mixture is bitter and may be poorly tolerated. Consider administering a loading dose via the IGT if the infant has poor suck

#### <u>IM</u>

Refer to clinical practice guideline <u>Medication Administration: Intramuscular, Subcutaneous, Intravascular</u>

#### <u>IV</u>

Infuse over 20 – 30 minutes or at a maximum rate of 1 mg/kg/minute

## **Compatible Fluids**

Glucose 5%, Glucose 10%, Sodium Chloride 0.9%, Water for Injection

## **Y-Site Compatibility**

Refer to KEMH Neonatal Medication Guideline: Y-Site IV Compatibility in Neonates

#### **Side Effects**

**Common:** hypotension, respiratory depression, extravasation

Serious: paradoxical hyperactivity and irritability may occur

#### **Interactions**

Phenobarbitone interacts with a range of medications – contact Pharmacy for further advice

## **Monitoring**

Observe for signs of extravasation

#### **Concentration monitoring**

Sampling time: Immediately prior to next dose

Therapeutic range: 15 - 40 mg/L

Time to reach steady state: 2 – 4 weeks

### Related Policies, Procedures & Guidelines

#### **CAHS Clinical Practice Guidelines:**

End of Life Care

Hypoxic Ischaemic Encephalopathy (HIE)

Medication Administration: Intramuscular, Subcutaneous, Intravascular

**Neonatal Abstinence Syndrome** 

**Neonatal Seizures** 

**WNHS Pharmaceutical and Medicines Management Guidelines:** 

**Medication Administration** 

#### References

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	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration				
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