

Drug	Route	Dose	Comments
Acetylcysteine (I)	Gastric tube Enema Endotracheal tube	Meconium ileus: 1-2ml two to three times a day using 5% solution 10ml/kg/dose 6 hourly using 5% solution Administer 1ml of 2% solution as required, prior to physiotherapy.	Preparation: Injection 20% 5% solution is prepared by diluting 1ml injection with 3ml sodium chloride 0.9%. 2% solution is prepared by diluting 1ml injection with 9ml sodium chloride 0.9%. Administration: For rectal use recommended contact time of 30 - 45 minutes.
Aciclovir	IV infusion Oral	Treatment of Herpes Simplex Infections:- 10 mg/kg/dose 8 hourly Prophylaxis against Herpes Simplex Infections:- 100mg four times a day for the duration of the period of risk.	Preparation: Syrup 200mg in 5ml. Injection 250mg. Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 5mg in 1ml. May be used as 25mg in 1ml in fluid restricted patients, if administered centrally.
Adrenaline 1 in 10 000 (UL)	IV	Cardiac arrest: 0.1ml/kg/dose (10 microgram/kg/dose) this may be increased to 1ml/kg/dose (100 microgram/kg/dose)	Preparation: Injection 1 in 10 000. Administration: If iv route inaccessible, dose may be doubled and administered via ET tube diluted in 1-2ml of sodium chloride 0.9%.

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<p>Alprostadil</p> <p>Prostin VR (Prostaglandin E1)</p> <p>see section on infusions see also</p> <p>Dinoprostone (Prostaglandin E2)</p>			<p>Alprostadil and dinoprostone have both been used for maintaining a patent duct.</p> <p>Alprostadil is licensed for this indication whereas dinoprostone is not.</p> <p>Alprostadil costs approximately eight times more than dinoprostone.</p>
<p>Liposomal Amphotericin (Ambisome)</p>	IV	<p>1mg/kg/dose 24 hourly Can be increased stepwise to 3mg/kg/dose 24 hourly</p>	<p>Preparation: Vials 50mg Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 0.2 - 2.0mg/ml.</p> <p>Administration: Infuse over 30 - 60 minutes. Compatible with dextrose 5%. Do not mix with sodium chloride 0.9% or other drugs. Protect from light.</p>
<p>Amoxicillin (amoxycillin)</p>	IV/PO	<p><7 days 50mg/kg/dose 12 hourly</p> <p>7-14 days 50mg/kg/dose 8 hourly</p> <p>>14 days 50mg/kg/dose 6 hourly</p>	<p>Preparations: Injection 500mg. Syrup 125mg in 5ml and 250mg in 5ml.</p> <p>Administration: Give as a bolus over 3-5 minutes. Reduce dose in renal impairment. IV dose may be doubled in severe infection.</p> <p>Incompatible with gentamicin- flush well with NaCl 0.9% between drugs.</p>
<p>Atracurium</p> <p>See section on infusions</p>			

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Atropine (UL)	IV	Cardiac arrest: 20 microgram/kg/dose	Preparation: Injection 400mcg in 1ml.
Aztreonam (A)	IV infusion	<u>Premature neonates</u> 30mg/kg/dose 12 hourly <u>Full term neonates</u> 30mg/kg/dose 8 hourly	Preparation: Injection 500mg, 1g, 2g. Prepared by aseptics as 100mg/ml concentration in water for injections. Administration: Maximum concentration 100mg/ml. Give as a bolus over 3-5 minutes. Reduce dose in renal impairment.
Benzympenicillin	IV for oral doses see "Penicillin V"	50mg/kg/dose 12 hourly	Preparation: Injection 600mg Administration: Dose may be doubled in severe infection.
Caffeine base (UL)	Oral/IV	<u>Loading dose:</u> 10mg/kg followed 24 hours later by <u>Maintenance dose:</u> 5mg/kg	Preparation: Oral solution: Caffeine base 10mg in 1ml. Injection: Caffeine citrate 20mg in 2ml, which is equivalent to caffeine base 10mg in 2ml. Therapeutic drug level monitoring: Optimal range 129 -155micromol/L Levels requested once weekly.
Calciferol (UL)	Oral	Osteopenia of prematurity: 600 units daily increasing to 1000 units daily as necessary.	Preparation: Special oral solution available from pharmacy containing 3000 units in 1ml. Note: Abidec contains 400units of Vitamin D2 in 0.6ml.

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<p>Calcium Gluconate (UL)</p> <p>(See also Hyperkalaemia guidelines in Appendix)</p>	<p>IV infusion</p>	<p>Acute Hypocalcaemia: 0.11 mmol/kg by slow IV injection over 5-10 minutes</p> <p>Cardiac arrest: 10-20mg/kg/dose (0.1-0.2ml/kg/dose of 10% solution)</p>	<p>Preparation: Injection 10% contains 2.25mmol in 10ml.</p> <p>Administration: Dilute to 2% (0.045mmol per ml) using dextrose 5% or sodium chloride 0.9% (i.e. add 4ml diluent to each ml of calcium gluconate 10%) and give by slow iv injection. Can be diluted further to a convenient volume, for infusion.</p> <p>Very destructive to tissues if extravasation occurs.</p>
<p>Calcium Resonium</p> <p>(See also Hyperkalaemia guidelines in Appendix)</p>	<p>Rectal</p>	<p>250mg/kg/dose 6 hourly</p>	<p>Preparation: Enema 30g in 100ml</p> <p>Administration: Theoretical binding capacity 1-2mmol potassium per gram.</p> <p>Should not be administered orally in neonates.</p> <p>Stop treatment when serum potassium reaches 5mmol/L.</p>

Cefotaxime	IV	<p>< 7 days old 50mg/kg/dose 12 hourly</p> <p>>7 days old 50mg/kg/dose 8 hourly</p>	<p>Preparation: Injection 500mg. Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 100mg in 1ml.</p> <p>Administration: In severe infections 150-200mg/kg/day may be given in two to four divided doses.</p>
Cefradine	IV/ Oral	<p>25mg/kg/dose 12 hourly</p>	<p>Preparation: Injection 500mg. Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 100mg in 1ml.</p>
Ceftazidime	IV	<p>Neonate < 7 days old 25 mg/kg/dose 24 hourly</p> <p>Neonate 7- 21 days 25 mg/kg/dose 12 hourly</p> <p>Neonate 21- 28 days 25 mg/kg/dose 8 hourly</p> <p>Child 1 month 25 mg/kg/dose 8 hourly</p>	<p>Preparation: Powder for reconstitution 1 gram Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 100mg in 1ml in WFI.</p>

Chloral Hydrate (UL)	Oral	For night sedation and pre-procedures: 25mg-50mg/kg as a single dose.	Preparation: Mixture 500mg in 5ml. Administration: Dose can be doubled. Maximum: 100 mg/kg in 24 hours.
Chlorothiazide (NP)	Oral	12.5mg/kg/dose 12 hourly	Preparation: Suspension 250mg in 5ml

Clarithromycin	IV/Oral	7.5mg/kg 12 hourly	<p>Preparation: Injection 500mg Suspension 125mg/5ml</p> <p>Administration Give IV infusion over one hour</p>
<p>Dexamethasone base</p> <p>NB</p> <p>The total duration of treatment must be written on the drug prescription chart at the outset. (See guidelines in Appendix)</p> <p>Always prescribe in terms of dexamethasone base</p>	IV/Oral	<p>Bronchopulmonary Dysplasia</p> <p>200micrograms/kg/dose 12 hourly for 5 days, then</p> <p>120micrograms/kg/dose 12 hourly for 5 days, then</p> <p>40micrograms/kg/dose 12 hourly for 5 days, then stop</p> <p>ALWAYS PRESCRIBE IN MICROGRAMS</p> <p>Low dose Dexamethasone has also been used: 50micrograms/kg/dose once daily for 10 days then 50micrograms/kg/day once daily on alternate days 7 days.</p>	<p>Preparation: Injection dexamethasone sodium phosphate equivalent to dexamethasone base 4mg in 1ml. Prepared by the Pharmacy Aseptic Dispensing Unit. Special oral presentation available from pharmacy on request.</p> <p>Commence ranitidine prophylaxis when starting dexamethasone. (See ranitidine section for doses).</p>

Dinoprostone	Oral	<p><1.5kg 31.25microgram hourly</p> <p>1.5-2.5kg 31.25 - 62.5microgram hourly</p> <p>2.5 - 3.5kg 62.5 - 125microgram hourly</p> <p>Adjust dose according to clinical response. Usually start with the higher dose, then reduce to two hourly or use the lower dose, when stable.</p>	<p>Preparation: Injection 1mg in 1ml. Tablets 500 microgram. The injection can be given orally. An oral solution can be made in pharmacy.</p>
Dinoprostone (<i>Prostaglandin E2</i>) (I) see section on infusions	IV infusion	<p>Indication: To maintain patency of the ductus arteriosus.</p> <p>Initially, 50 nanogram/kg/min for 15-30 minutes, reducing gradually to 10-20 nanogram/kg/minute, then to 5 nanogram/kg/minute if possible.</p>	<p>Preparation: Injection 1mg in 1ml.</p> <p>Administration: IV infusion, dilute in NaCl 0.9% or glucose 5%.</p> <p>IV dinoprostone can cause respiratory depression and apnoea. Facilities for intubation and ventilation must be available.</p>
Dobutamine See section on infusions			
Dopamine See section on infusions			

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Fluconazole	IV infusion	<p>Mucosal candidiasis and candida prophylaxis: < 2 weeks of age 3mg/kg every 72 hours 2 – 4 weeks of age 3mg/kg every 48 hours > 4 weeks of age 3mg/kg once a day</p> <p>Systemic candidiasis : < 2 weeks of age 12mg/kg every 72 hours 2 – 4 weeks of age 12mg/kg every 48 hours > 4 weeks of age 12mg/kg once a day</p>	<p>Preparation: Infusion 2mg in 1ml, 25ml and 100ml vials available.</p> <p>Administration: Can be infused undiluted over 10 - 20 minutes.</p> <p>See guidelines on Candida Infection in Neonates</p>
Flucytosine	IV infusion	25mg/kg/dose 6 hourly	<p>Preparation: Infusion bottle 2.5g in 250ml solution. Prepared by pharmacy aseptics.</p> <p>Administration: Infuse over 30 mins. Usually given in combination with amphotericin.</p> <p><u>Therapeutic drug level monitoring.</u> At 3rd dose.</p> <p>Peak: 60 - 80 microgram/ml. Trough: 20 - 40 microgram/ml</p> <p>Increased risk of toxicity occurs when levels are sustained above 100 microgram/ml.</p> <p>Sample times: Peak - 30 minutes after the end of 30 minute infusion. Trough - immediately before the next dose.</p>

<p>Furosemide (Frusemide)</p>	<p>IV/Oral</p>	<p>1mg/kg/dose 12 hourly (1mg/kg/dose 8 hourly may be needed in patients with severe cardiac problems)</p>	<p>Preparation: Injection 10mg/ml in 2ml amp. Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 1mg in 1ml. Liquid 1mg in 1ml Liquid 40mg in 5ml</p> <p>Administration: Slow iv injection over 3-5mins</p>
<p>Gentamicin</p>	<p>IV</p>	<p>4mg/kg/dose < 32 weeks postconceptual age every 36 hours ≥ 32 weeks postconceptual age every 24 hours</p>	<p>Preparation: Injection 20mg in 2ml</p> <p>Administration: Slow iv over > 3 mins.</p> <p><u>Therapeutic drug level monitoring.</u> Request levels on 3rd dose.</p> <p>Peak: 5-10 mg/l Trough: < 2 mg/l</p> <p>Sample times: Peak - 60 minutes after dose. Trough - immediately before the next dose.</p>
<p>Hydrocortisone</p>	<p>IV</p>	<p>2.5mg/kg/dose Every 4 - 6 hours</p>	<p>Preparation: Injection 100mg (dry powder). Reconstitute with 2ml water for injection. Make up to 10ml with 0.9% sodium chloride to give 10mg/ml solution.</p> <p>Administration: Slow IV bolus over 3-5 mins.</p>

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Ibuprofen	IV	10mg/kg as a single dose followed at 24 hour intervals by 2 doses of 5mg/kg MUST BE APPROVED BY CHAIRMANS ACTION BEFORE USE	Preparation: Injection 5mg/ml. Administration: Slow IV injection over 15 mins, preferably undiluted. May be diluted with glucose 5% or sodium chloride 0.9% to a concentration of 10mg/ml Restricted to patients with serum creatinine \geq 100micromols/L
Indometacin (indomethacin)	IV	Patent ductus arteriosus 100micrograms/kg/dose 24 hourly for six doses by slow iv injection. ALWAYS PRESCRIBE IN MICROGRAMS	Preparation: Injection 1000 microgram Dilution: Reconstitute vial with 1-2ml of 0.9% sodium chloride or water for injections. Further dilution with 0.9% sodium chloride or water for injection may be necessary. Administration: Inject slowly over 20 minutes. Contraindicated if bleeding, DIC, renal failure, jaundice, suspected untreated infection, thrombocytopenia, coagulation defects, gastrointestinal pathology, eg N.E.C., perforations. Watch for oliguria.
Insulin (I) (See also Hyperkalaemia guidelines in Appendix)	IV infusion	0.05 units/kg/hour	Preparation: Prepared by the Pharmacy Aseptic Dispensing Unit. Administration: Dose may be increased up to 0.2 units/kg/hour. For hyperkalaemia administer 5ml/kg of dextrose 10% concurrently.

Iron preparations	Oral	1ml once daily To start at 6 weeks of age	Preparation: "Sytron" elixir contains sodium ferredetate 55mg Fe in 10ml. Administration: Give until taking full milk feeds.
Loperamide (A)	Oral	100micrograms/kg/dose 8 hourly	Preparation: Syrup contains 1mg in 5ml Administration: Give 30 minutes before feeds Risk of respiratory depression in the very young.
Magnesium sulphate (UL)	IV	Supplement dose: 0.1ml/kg as a single dose. Repeat after 4 - 8 hours if necessary. Persistent Pulmonary Hypertension: 200mg/kg/dose as a single dose infused over 30 minutes then 20-50mg/kg/hour (ie 0.2 - 0.5ml/kg/hour of 100mg/ml solution) as a continuous infusion.	Preparation: Injection 50% in 2ml ampoules. i.e. 2 mmol in 1ml = 500mg/ml magnesium sulphate Administration: Must be given dilute as a 100mg/ml solution. Prepare by adding 10ml of magnesium sulphate injection (50%) to 40ml of dextrose 5%. This gives a concentration of 100mg/ml and a total quantity of 5g in 50ml. Monitor serum magnesium.
Mannitol (UL)	IV infusion	500mg/kg - 1g/kg (10ml/kg of 10% solution, 5ml/kg of 20% solution)	Preparation: Infusion 10% and 20% Crystals may form at higher concentrations of mannitol. These dissolve on gentle warming. Administration: Can give one fifth of this as a test dose if renal function is impaired. Infuse over 20-60 minutes.

Meropenem (A)	IV	Neonates < 7 days 20mg/kg/dose bd Neonates > 7 days 20mg/kg/dose tds 1 month – 2 years 10 -20mg/kg/dose tds	Preparation: Injection 250mg The Pharmacy Aseptic Dispensing Unit prepare the dose using a concentration of 10mg in 1ml using sodium chloride 0.9% Administration: Infuse over 30 minutes, can also be given as a slow bolus over 5 mins. Dose depends on infection – see Medicines for Children
Metronidazole	IV infusion	7.5mg /kg/dose 8 hourly	Preparation: Injection 25mg in 5ml. Infusion 5mg in 1ml (500ml). Administration: Infuse over 20 minutes.
Miconazole oral gel	Topical	Apply 2.5ml directly to oral mucosa after feeds.	Preparation: Oral gel 2%
Midazolam See section on infusions and also guidelines for the management of neonatal convulsions in Appendix			
Morphine Sulphate See section on infusions			

Multivitamins	Oral	0.6ml daily as a single dose	Preparation: "Abidec " drops
Naloxone	IV IM	5 - 10 microgram/kg as single dose. May be repeated at 2 - 3 minute intervals. Up to 100 microgram/kg has been used. 60 microgram/kg as single dose	Preparation: Injection 20 microgram in 1ml. Injection 400 microgram in 1ml. Administration: Long acting opiates may require infusion of naloxone to prevent deterioration after initial response. Slower onset of action with IM compared to iv. The IM route is preferred for a prolonged effect.
Nifedipine (A)	Oral	200 - 300 microgram/kg/dose 8 hourly	Preparation: Nifedipine capsules 5mg and 10mg. Oral drops 2% available on a Named Patient basis only. Administration: The liquid may be syringed out of the capsule. 5mg capsule contains 5mg nifedipine in 0.17ml. 10mg capsule contains 10mg nifedipine in 0.34ml. Nifedipine is very light sensitive. Cover required dose of liquid from capsules in foil and administer immediately. Discard any remainder.
Nystatin	Oral	1ml 6 hourly after feeds	Preparation: Suspension 100,000 units in 1ml.

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Noradrenaline See section on infusions (base)			
Omeprazole	IV/Oral	<p>Oral 700micrograms/kg once daily, increased if necessary after 7-14 days to 1.4mg/kg, some neonates may require up to 2.8mg/kg once daily</p> <p>IV 500micrograms/kg once daily, increased to 2 mg/kg once daily if necessary</p>	<p>Preparation: 10mg tablets (MUPS) Administration: Mix with 10ml sodium bicarbonate 8.4% (or 10ml water for injection) to give 1mg/ml oral solution. Allow solution to stand for 10mins prior to administration. DO NOT CRUSH</p> <p>Preparation: Injection 40mg vial with solvent Administration: Reconstitute with solvent to give a 4mg/ml solution. If necessary this can be further diluted: take 1ml of this solution and add 9ml of water for injection to give 4mg in 10ml (i.e. 400micrograms/ml) Slow IV bolus over 5 mins</p>
Pancuronium	IV	100 microgram/kg/dose	<p>Preparation: Injection 4mg in 2ml</p> <p>Administration: Repeat dose as necessary Duration of effect varies with individual. Prolonged action if renal function is poor.</p> <p>Neonates show increased sensitivity to non-depolarising muscle relaxants. Use only in patients with assisted ventilation.</p>
Paracetamol	Oral/ Rectal	<p>10mg/kg/dose 4-6 hourly 28-32 Weeks – max daily dose = 30mg/kg 32-36 Weeks – max daily dose = 60mg/kg</p>	<p>Preparation: "Disprol" suspension 120mg in 5ml 30, 60mg, 120mg suppositories available.</p>

Paraldehyde (UL)	Rectal	0.3ml/kg/dose stat	Preparation: Injection 10ml Administration: For rectal use, mix with an equal volume of olive oil immediately before administration. Do not use if brown discolouration occurs.
Penicillin V	Oral	Premature neonates 50mg/kg/dose, 12 hourly Full term neonates 62.5mg four times a day	Preparation: Syrup 125mg in 5ml and 250mg in 5ml. Administration: Optimal absorption is from an empty stomach i.e. around half an hour before feeds.
Phenobarbital (Phenobarbitone) (See also guidelines for the management of neonatal convulsions in Appendix)	IV Oral	20mg/kg loading dose then 2.5-5mg/kg ONCE daily as a maintenance dose. 2.5-5mg/kg ONCE daily as a maintenance dose Adjust dose and frequency according to clinical response in conjunction with therapeutic drug monitoring.	Preparation: Injection 60mg in 1ml Alcohol free oral solution 25mg in 5ml. Administration: Slow iv injection over 5 minutes. (Max rate of 1 mg/kg/min) Dilute 1 in 10 with water for injection. Higher doses may be given in ventilated babies. <u>Therapeutic drug level monitoring</u> Optimal range: 40-170micromol/L (15-30 microgram/ml) Sample time: Oral trough level after 1 - 2 weeks Steady state levels not reached for 2-3 weeks.
Phenytoin (See also guidelines for the management of neonatal	IV infusion	Loading dose: 20mg/kg as phenytoin sodium Maintenance dose:	Preparation: Injection 250mg in 5ml Administration: Must be administered over 20 minutes with ECG monitoring. Rate not to exceed 1mg/kg/min.

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convulsions in Appendix)	Oral	2.5mg/kg/dose 12 hourly Adjust according to clinical response in conjunction with therapeutic drug monitoring.	Strongly alkaline solution, very irritant to the tissues. Injection must not be given orally. Should be diluted in 0.9% sodium chloride ONLY to a concentration not greater than 10mg/ml. Phenytoin is poorly absorbed from the oral route in neonates. <u>Therapeutic drug level monitoring</u> Optimal range: 40-80 micromol/L (10-20 microgram/ml) Sample time: Oral- after one week IV- 2 to 4 hours after loading dose.
Phosphate (S)	Oral	Phosphate Supplement: Starting dose 1mmol/kg/dose daily in one to two divided doses. This dose may be increased or decreased according to serum phosphate levels.	Potassium Phosphate: Oral solution 17.42% prepared by pharmacy. This solution contains 2 mmol potassium and 1 mmol phosphate in 1ml of solution Sodium Phosphate: Oral solution is prepared by pharmacy. This solution contains 1.8 mmol sodium and 1 mmol phosphate in 1 ml of solution.
Potassium Canrenoate see also Spironolactone	IV	1 - 2 mg/kg/dose 12 hourly	Preparation: Prepared by the Pharmacy Aseptic Dispensing Unit to a concentration of 1 mg in 1ml. Administration: Administer by slow iv injection or by infusion. Very irritant. For oral equivalent see spironolactone. (For equivalent dose of oral spironolactone, multiply by 0.7)
Potassium Chloride (S)	Oral	Potassium supplement: Starting dose 2 mmol/kg/day in 2-3 divided	Preparation: Potassium chloride oral solution contains 1 mmol of

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		<p>following formula:</p> <p>Dose of sodium bicarbonate to be administered (mmol) = Base deficit x 0.4 x weight Use half this dose</p> <p>Cardiac arrest: 1-2mmol/kg/dose iv Use factor of 0.5-0.6 in premature neonates</p>	<p>Administration: Monitor blood glucose, pH and electrolytes.</p>
Sodium Chloride (S)	Oral	<p>Sodium Supplement: Starting dose 1mmol/kg/dose daily. Dose may be increased or decreased according to serum sodium levels.</p>	<p>Preparation: Oral solution 1mmol/ml or 5 mmol/ml is prepared by pharmacy.</p>
Spirolactone see also Potassium canrenoate	Oral	<p>1 mg/kg/dose 12 hourly</p>	<p>Preparation: Suspension 50mg in 5ml. For iv equivalent see potassium canrenoate. (For equivalent dose of potassium canrenoate iv, multiply dose by 1.43).</p>
Sucrose solution 24% (Sweetease)	Oral	<p>< 1.5 kg 0.5ml stat ≥1.5kg 1ml stat</p> <p>Maximum TWO doses in 24 hours</p>	<p>Administration: Intra-oral, preferably with a dummy 2 minutes before the procedure</p>

<p>THAM (Trometamol) (UL)</p>	<p>IV infusion</p>	<p>For metabolic acidosis use the following formula</p> <p>Preterm babies: Base deficit x 0.6 x weight = mmol bicarbonate</p> <p>Term babies: Base deficit x 0.4 x weight = mmol bicarbonate</p> <p>Only half the base deficit should be corrected initially.</p> <p>Do not exceed a total dose of 10 mmol/kg/12 hours or a rate of 1 ml/kg/minute.</p>	<p>Preparation: Trometamol injection 10.5ml 0.3Molar (=3.6%) (1ml is equivalent to 0.5 mmol bicarbonate)</p> <p>This is isotonic and can be used peripherally or centrally. It does not need to be diluted.</p> <p>Extravasation following IV infusion can cause tissue necrosis. Follow the neonatal extravasation protocol if evidence of tissue damage.</p> <p>Trometamol should only be used where sodium bicarbonate is unsuitable E.g. where sodium levels are raised.</p>
<p>Thyroxine</p>	<p>Oral</p>	<p>Congenital hypothyroidism: 5-10 microgram/kg/dose 24 hourly, increase by 5 microgram per day at intervals of two to four weeks.</p>	<p>Preparation: Tablets 25mcg. A suspension can be made in pharmacy.</p>
<p>Trimethoprim</p>	<p>Oral</p>	<p>Treatment 4mg/kg/dose 12 hourly</p> <p>Prophylaxis 2mg/kg/dose 24 hourly</p>	<p>Preparation: Injection 20mg/ml in 5ml ampoules Suspension 50mg in 5ml</p> <p>Administration: Theoretical risk of folate deficiency with long term use.</p> <p>Folinic acid supplements may be needed.</p>

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Vecuronium See section on infusions			
Vancomycin	IV infusion	<p>< 30 weeks post conceptional age 20mg/kg/dose 18 hourly</p> <p>> 30 weeks post conceptional age 15mg/kg/dose 12 hourly</p> <p>> 35 weeks post conceptional age 15mg/kg/dose 8 hourly</p> <p>In renal impairment Increased time intervals may be necessary between doses. The dose and frequency therefore need to be adjusted according to levels. Use the doses suggested above, take a trough level before the second dose and check the result is in the desired range before giving the dose.</p>	<p>Preparation: Injection 500mg The Pharmacy Aseptic Dispensing Unit prepares an infusion of vancomycin containing 5mg per ml in sodium chloride 0.9%. Appropriate doses are withdrawn from the bag.</p> <p>Administration: Infuse over 60 mins. Monitor levels.</p> <p><u>Therapeutic drug level monitoring</u> Request levels on 3rd dose</p> <p>In renal failure, trough level should be measured before the second dose.</p> <p>Trough: 5-15 mg/l</p> <p>Sample time: 2 hours after the start of a one-hour infusion.</p>

OPHTHAMIC PREPARATIONS

Drug	Route	Dose	<i>Preparation</i>
Phenylephrine	Topical	One drop	<p>Presentation: 2.5% eye drops (Minins)</p> <p>Administartion: Administer 30 minutes prior to ophthalmic assessment. Use one Minim per eye.</p>
Cyclopentolate	Topical	One drop	<p>Presentation: 0.5% eye drops (Minins)</p> <p>Administration: Administer 30 minutes prior to ophthalmic assessment. Use one Minim per eye.</p>