poractant alfa

80mg/mL (1.5mL & 3mL) suspension

Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

Curosurf®

Dose and Indications

Treatment and prevention of respiratory distress syndrome (RDS) in preterm infants

Endotracheal

For infants ≤32 weeks gestation: initial dose 200mg/kg (2.5mL/kg); subsequent dose 100mg/kg (1.25mL) repeated at 12 hourly intervals if required. Dose is rounded to the nearest vial to avoid wastage.

For infants >32 weeks gestation: 100mg/kg/dose (1.25mL/kg) for first and subsequent doses. Dose is rounded to the nearest vial to avoid wastage.

Meconium Aspiration Pneumonitis

Endotracheal

100mg/kg (1.25mL/kg) only on consultant's recommendation

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Contact: South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au

poractant alfa

80mg/mL (1.5mL & 3mL) suspension

Preparation and Administration

Endotracheal

Administer via an endotracheal tube. Follow appropriate Neonatal Unit specific procedures and guidelines.

- Store in the refrigerator, but warm to room temperature before use
- Invert vial gently without shaking to re-suspend the material
- Any remaining in vial should be discarded.

Compatible Fluids

Do not dilute with any fluid

Adverse Effects

Common

Transient endotracheal tube obstruction, transient bradycardia and decreased oxygen saturation

Infrequent

Hypotension

Rare

Pulmonary haemorrhage (particularly in very premature infants)

Practice Points

- Surfactants can be used to treat established RDS (rescue treatment) or as preventive treatment, administered shortly after birth to infants considered to be at significant risk of developing RDS
- Preventive or rescue treatment with surfactant reduces mortality and morbidity of preterm infants (<32 weeks gestation) with RDS; preventive treatment is more effective than rescue treatment
- Use with care when using high frequency ventilation because of the risk of airway obstruction
- Pulmonary surfactants are also used to treat meconium aspiration syndrome although evidence is limited
- Unopened vials that have been warmed to room temperature at one time may be returned to the refrigerator within 24 hours. Vials should not be warmed and returned to the refrigerator more than once.

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Reference

1. Ramananthan R, Rasmussen M, Gerstmann D, Finer N, Sekar K and The North American Study Group. A Randomized, Multicenter Masked Comparison Trial of Poractant Alfa (Curosurf) verses Beractant (Survanta) in the Treatment of Respiratory Distress Syndrome in Preterm Infants. American Journal of Perinatology 2004; 21 (3): 109-119

Version control and change history

PDS reference: OCE use only

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