

neostigmine

0.5mg/mL injection

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Dose and Indications

1mg = 1000micrograms

Write all doses in micrograms

Reversal of Neuromuscular Blockade

(e.g. from pancuronium, vecuronium)

Intravenous

50micrograms/kg/dose, in addition to *atropine* (see atropine dosing guidelines), **in separate syringes**

Myasthenia Gravis

Consult Neurologist prior to initiating treatment

Test dose - Intramuscular

150micrograms/kg

Short Term Management – Intramuscular / Subcutaneous

40micrograms/kg (30 minutes before a feed) every 6 to 8 hours increasing the dose on clinical response.

Obtain specialist advice for long term use or oral therapy.

Preparation and Administration

Intravenous or Intramuscular or Subcutaneous

Dose	50micrograms	100micrograms	200micrograms	300micrograms	400micrograms
Volume	0.1mL	0.2mL	0.4mL	0.6mL	0.8mL

Intravenous give undiluted over 1 minute.

Intramuscular and subcutaneous give undiluted.

Discard remaining solution

Compatible Fluids

Glucose 5%, glucose 10%, glucose/sodium chloride solutions, sodium chloride 0.9%.

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Adverse Effects

Common

Increased salivation, vomiting, diarrhoea, abdominal cramps

Infrequent

Rash, anaphylaxis

Over treatment may lead to cholinergic crisis with increased cholinergic effects (e.g. excessive sweating, miosis, nystagmus, bradycardia, hypotension, increased muscle weakness leading to fasciculation and paralysis), central nervous system effects (e.g. ataxia, seizures, agitation and coma) and respiratory failure

Atropine is used to control side effects

Monitoring

- > Respiratory and cardiovascular status

Practice Points

- > With large doses or intravenous injections, bradycardia may occur, consequently, simultaneous parenteral administration of atropine sulfate (in separate syringe) may be advisable. Atropine should always be available to counteract severe cholinergic reactions.

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version