Critical Care Guidelines FOR CRITICAL CARE USE ONLY **DEXMEDETOMIDINE**



Vials containing 100micrograms in 10ml, 400micrograms in 4ml (100micrograms/ml of dexmedetomidine). INDICATION: Dexmedetomidine should not be used in patients who require deep sedation e.g. Traumatic Brain Injury, Severe Acute Respiratory Failure. It should be considered in the following situations: Patients with severe acute agitation and/or delirium who are exceptionally challenging to manage, on more than two sedative agents for no longer than 72 hours. Patients who remain delirious and/or agitated despite a short course of clonidine (72 hours or less). Patients with delirium and/or agitation where dexmedetomidine might facilitate extubation. ICU STANDARD INFUSION Remove 20ml from a 250ml infusion bag of glucose 5%. Add 2000micrograms (20ml) to the infusion bag. Initially, 0.7micrograms/kg/hr (e.g. 6.1mls/hr for a 70kg patient) titrated to required level. Dose range 0.2 to 1.4micrograms/kg/hr. A lower starting rate should be considered for frail patients. A loading dose is NOT recommended and is associated with increased adverse events. The dose should be increased in increments of 0.1microgram/kg/hr. Please leave at least 30 minutes between each dose increase. Do not bolus. The infusion can be stopped, although slow weaning may be required if withdrawal symptoms occur. Please refer to company dosing chart below. STABILITY: Physically and chemically stable for 24 hours at room temperature.		DEXIMEDE I OMIDINE
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References:

- 1. Dexmedetomidine, Orion Pharma, Summary of Product Characteristics. www.medicines.org.uk. Accessed 26/04/2019. Last updated 18/01/2019
- 2. Dexmedetomidine, Ever Pharma, Summary of Product Characteristics.www.medicines.org.uk. Accessed 26/04/19. Last updated 25/04/2018.
- Written <u>communication</u> from Medical Information, Orion Pharma. 21/05/2019.
 Shehabi Y, Howe B. D, Bellomo R et al. Early Sedation with Dexmedetomidine in Critically ill Patients. NEJM, May 19th, 2019.

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