Critical Care Guidelines FOR CRITICAL CARE USE ONLY



LABETALOL

PRESENTATION:	Ampoules containing 100mg/20ml (5mg/ml)	
INDICATION:	Hypertension. Labetalol has alpha and beta receptor blocking activity.	
DOSE AND ADMINISTRATION:	ICU STANDARD INFUSION	
	For central administration, labetalol is administered undiluted e.g. 200mg in 40ml.	
	For peripheral administration, dilute to 1mg/ml in glucose 5% or sodium chloride 0.9% e.g. 500mg in 500ml.	
	Initially 15mg/hr, titrated to the required level. Usual maximum rate is 120mg/hour, but higher doses of up to 160mg/hr can be used if necessary.	
	Glucose 5% is the preferred diluent. Sodium Chloride 0.9% may be used but is not licensed for all available preparations.	
CONCENTRATION:	Central administration: 5mg/ml (unlicensed) Peripheral administration: 1mg/ml	
STABILITY:	Physically and chemically stable for 24hours at room temperature. Protect from light.	
ADDITIONAL INFORMATION:	Labetalol has a low pH and may cause venous irritation and tissue damage in cases of extravasation. If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely. Resite cannula at first signs of inflammation.	
	Use a separate lumen to avoid other infusions affecting the infusion rate.	

References

- Labetalol Hydrochloride 5mg/ml solution for injection, EMC, RPH Pharmaceuticals AB, Updated March 2019, Accessed December 2020. https://www.medicines.org.uk/emc/product/9165/smpc#PHARMACODYNAMIC PROPS
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