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

- 1. 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
- 2. Labetalol 5mg/ml solution for injection/infusion, EMC, Bowmed Ibisqus Limited, Updated November 2019. Accessed December 2020.
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- 3. Labetalol hydrochloride, The UK Injectable Medicines Guide, medusa. Accessed December 2020. https://medusa.wales.nhs.uk/IVGuideDisplayNewFormat.asp

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