Critical Care Guidelines FOR ICU USE ONLY





PRESENTATION:	Vials containing 500mg powder thiopental sodium for reconstitution.	
INDICATION:	Treatment of raised intracranial pressure or status epilepticus unresponsive to standard measures. Thiopental sodium is a general anaesthetic. Cerebral electrical activity, jugular saturation and intracranial pressure should be monitored. The aim is to keep the patient at burst suppression. Caution: thiopental to burst suppression and hypothermia should not be used concurrently in a traumatic brain injury patient. It may on rare occasions be considered in status epilepticus.	
DOSE AND ADMINISTRATION:	ICU STANDARD INFUSION	
	Reconstitute three 500mg vials of thiopental sodium, each with 20ml water for injections, giving 1500mg in 60ml.	
	In our experience, for a 70kg adult give approximately: 40mls per hour for 1 hour 24mls per hour for 2 hours 12-20mls per hour thereafter	
	Infuse thiopental sodium through a dedicated central venous catheter. Do not infuse with other drugs.	
	Continue thiopental for 12-24 hours and simultaneously start an additional antiepileptic drug.	
	If status epilepticus is refractory to treatment with thiopental sodium consider treatment with agents such as sodium valproate, isoflurane, desflurane, ketamine, levetiracetam or topiramate.	
	Serum potassium concentration may drop during thiopental infusion. Consider cautious potassium replacement while infusing thiopental sodium as potassium may rebound to dangerously high serum concentrations on stopping thiopental. It may be advisable only to replace potassium if it falls below 3.0mmol/l or patient symptomatic of hypokalaemia e.g arrhythmias. On ceasing thiopental infusions consider checking serum potassium every 2 hours for the first 24 hours.	
CONCENTRATION:	25mg/ml	
STABILITY:	Physically and chemically stable for 7 hours at room temperature. Protect from light.	
ADDITIONAL	See separate document on "Thiopentone levels" for advice on obtaining and	
INFORMATION:	interpreting levels.	
References:		

References:

- 1.Thiopental Injection BP. Archimedes Pharma UK Ltd. www.emc.medicines.org.uk. Accessed 19.8.15.
- 2. Legriel S. Bedos J.P and Azoulay E. Managing Critically III Patients with Status Epilepticus. Yearbook of Intensive Care and Emergency Medicine 2009. Edited by J.L.Vincent.

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