Nimodipine

PRESENTATION: Vials containing nimodipine 10mg in 50mls

INDICATION: Treatment of ischaemic neurological deficits following aneurysmal subarachnoid haemorrhage.

DOSE AND ADMINISTRATION:

ICU STANDARD INFUSION

Bodyweight greater than or equal to 70kg:
The recommended rate for the first two hours is 1mg/hr (5ml/hr); after two hours increase to 2mg/hr (10ml/hr); providing no clinically significant decrease in blood pressure is observed.

Bodyweight less than 70kg or with unstable blood pressure:
The patient should be started on a dose of 500micrograms/hr (2.5ml/hr) or less if necessary.
Nimodipine should be administered via a central venous catheter.

ADMINISTRATION:
Nimodipine should be withdrawn from the vial into a 50ml syringe and connected to a three–way stopcock using the infusion line provided. The three-way stopcock should be used to connect the Nimotop polyethylene tube with the co-infusion line and the central catheter.
Nimodipine MUST be administered in conjunction with a co-infusion due to high ethanol content increasing risk or irritation. This should be connected to the second port on the three-way stopcock.
The co-infusion should be sodium chloride 0.9%, glucose 5%, human albumin 5% or mannitol 10% in a ratio of about 1:4 (nimodipine: co-infusion – see table below).

Dose	**0.5 mg/hour**	**1 mg/hour**	**2 mg/hour**
Nimodipine infusion rate	2.5 mL/hour	5 mL/hour	10 mL/hour
Fluid co-infusion rate	10 mL/hour	20 mL/hour	40 mL/hour

Nimodipine must NOT be added to an infusion bag or bottle and must not be mixed with other drugs.

CONCENTRATION: 200micrograms/ml (10mg in 50ml)

STABILITY: Protect from light. Stable for 10 hours.

References:

1. Summary of products characteristics, Nimotop 0.02% Solution for Infusion, Bayer plc, https://www.medicines.org.uk/emc/product/1366/smpc last revised 30/07/20
2. Injectable Medicines Guide online accessed on 11/08/20

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