Critical Care Guidelines FOR USE IN CRITICAL CARE ONLY



DEXMEDETOMIDINE

PRESENTATION:	Vials containing 1000micrograms 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. • Patients who remain delirious and/or agitated despite a short trial of continuous intravenous clonidine. • Patients with delirium and/or agitation where dexmedetomidine might facilitate extubation. Review ongoing requirement for dexmedetomidine after 48-72 hours of treatment and consider commencing oral antipsychotic agents e.g.quetiapine if appropriate.
Dexdor dosing card 8mcg.pdf	ICU STANDARD INTRAVENOUS INFUSION- 8 micrograms/ml Remove 20ml from a 250ml infusion bag of glucose 5% or sodium chloride 0.9%. 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 0.2-1.4micrograms/kg/hr using patient's actual body weight. • 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. Leave at least 30 minutes between each dose increase. • Do not bolus. The infusion can be stopped abruptly but slow weaning may be required to avoid symptoms of withdrawal occurring (e.g. agitation/hypertension).
CONCENTRATION:	Please refer to company dosing chart.
CONCENTRATION:	8 micrograms/ml
STABILITY:	Physically and chemically stable for 24 hours at room temperature.

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References:

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