Critical Care Guidelines FOR CRITICAL CARE USE ONLY



SODIUM VALPROATE

As with all teratogenic medicines, pregnancy should be excluded before initiation on valproate medicines with a negative plasma pregnancy test, confirmed by a healthcare professional

PRESENTATION:	Vials containing 400mg with 4ml ampoule of water for injections for reconstitution.	
INDICATION:	Epilepsy	
DOSE AND ADMINISTRATION:	If patients have previously been on oral sodium valproate the total daily intravenous dose is equivalent to the total daily oral dose divided into three or four doses.	
	Reconstitution of 400mg vials Reconstitute each 400mg vial with the 3.8ml ampoule of water for injections provided. Due to displacement the final concentration of sodium valproate is 100mg/ml.	
	Doses ≤ 600mg Centrally: sodium valproate injection may be given after reconstitution, without further dilution, by slow intravenous injection over 3-5 minutes, or by intermittent infusion in 100ml.	
	Peripherally: as a slow intravenous injection reconstituted and further diluted in at least 20ml sodium chloride 0.9% or glucose 5%, or as an intermittent infusion in 100ml.	
	Doses >600mg may be given reconstituted without further dilution by slow intravenous injection over 3-5 minutes centrally but must be given as an intermittent infusion if given peripherally.	
	In status epilepticus a loading dose of 30mg/kg (if obese use ideal body weight) followed by a continuous infusion of 2400mg over 24hours.	
	ICU STANDARD INFUSION Reconstitute vials as above.	
	Intermittent or continuous infusions: Remove the required volume of glucose 5% from the 100ml infusion bag, equivalent to the volume of sodium valproate to be added. Dilute the required dose of sodium valproate injection to a total volume of 100ml with glucose 5%.	
	Intermittent infusions are administered at a rate that does not exceed 20mg/minute i.e. maximum 1200mg over 60 minutes.	
	Sodium valproate should be given down a dedicated lumen. If this is not possible for boluses or intermittent infusions flush the line well before and after administration. For continuous infusions a dedicated line is essential.	
CONCENTRATION:	Physically and chemically stable for 24 hours at room temperature.	
STABILITY: References:	Also stable in sodium chloride 0.9%.	

- 1. Epilim 400mg powder and solvent for solution for injection/infusion. Summary of Product Characteristics www.emc.medicines.org.uk. Accessed 14.12.17 2. Sodium valproate. Injectable Medicines Administration Guide accessed via www.injguide.nhs.uk. Accessed 14.12.17

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