Critical Care Guidelines FOR ICU USE ONLY



PHENOBARBITAL (PHENOBARBITONE)

		PHENOBARBITAL (PHENOBARBITONE)	
PRESENTATION:		Ampoules containing 30mg/ml, 60mg/ml or 200mg/ml of phenobarbital.	
INDICATION:		Epilepsy and Refractory Status Epilepticus.	
DOSE AND ADMINISTRATION:		If previously on oral phenobarbital use the same dose intravenously. If being used as part of Critical Care guideline for status epilepticus give loading dose of 10mg/kg intravenously up to a maximum of 1000mg (see table below), followed by a maintenance dose of 120mg once daily intravenously. Administer at a maximum of 100mg/minute to avoid hypotension, sedation and apnoea.	
		Preferably administer via a central venous catheter due to extreme pH and osmolality. Where this is not possible, a large vein should be used, flush well and monitor the site.	
		ICU STANDARD INFUSION	
		Dilution is required prior to administration. Each 1ml of phenobarbital injection should be diluted to 10ml of water for injection, i.e. add 9ml of water for injection. For a 120mg dose: Dilute 120mg (2ml of 60mg/ml ampoule) with 18ml water for injection to give a final volume of 20ml. Administer over at least 2 minutes.	
		For the loading dose: Select the total loading dose depending on weight bandings in the table below.	
Patient w)eight	Total loading dose	Syringes to prepare to deliver loading dose, use 60mg/ml strength.	
40-45kg	420mg	2 syringes of 210mg (3.5 ml of 60mg/ml, diluted with 31.5ml water for injection to give final volume of 35ml). Administer each syringe over 5 minutes.	
45-50kg	480mg	2 syringes of 240mg (4ml of 60mg/ml, diluted with 36ml water for injection to give final volume of 40ml). Administer each syringe over 5 minutes.	
51-56kg	540mg	2 syringes of 270mg (4.5ml of 60mg/ml, diluted with 40.5ml water for injection to give final volume of 45ml). Administer each syringe over 5 minutes.	
57-63kg	600mg	2 syringes of 300mg (5 ml of 60mg/ml, diluted with 45ml water for injection to give final volume of 50ml). Administer each syringe over 5 minutes.	
64-68kg	660mg	2 syringes of 240mg (4ml of 60mg/ml, diluted with 36ml water for injection to give final volume of 40ml). 1 syringe of 180mg (3ml of 60mg/ml, diluted with 27ml water for injection to give final volume of 30ml). Administer each syringe over 5 minutes.	
69-74kg	720mg	3 syringes of 240mg (4ml of 60mg/ml, diluted with 36ml water for injection to give final volume of 40ml). Administer each syringe over 5 minutes.	
75-80kg	780mg	2 syringes of 300mg (5 ml of 60mg/ml, diluted with 45ml water for injection to give final volume of	
		50ml). 1 syringe of 180mg (3ml of 60mg/ml, diluted with 27ml water for injection to give final volume of 30ml). Administer each syringe over 5 minutes.	
81-85kg	840mg	2 syringes of 300mg (5 ml of 60mg/ml, diluted with 45ml water for injection to give final volume of 50ml). 1 syringe of 240mg (4ml of 60mg/ml, diluted with 36ml water for injection to give final volume of 40ml). Administer each syringe over 5 minutes.	
86-89kg			
		3 syringes of 270mg (4.5ml of 60mg/ml, diluted with 40.5ml water for injection to give final	
		volume of 45ml). 1 syringe of 120mg (2 ml of 60mg/ml, diluted with 18ml water for injection to give final volume of	
94-97kg	960mg	20ml). Administer each syringe over 5 minutes.4 syringes of 240mg (4ml of 60mg/ml, diluted with 36ml water for injection to give final volume of	
		40ml). Administer each syringe over 5 minutes.	

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98-100kg	990mg	Omg 3 syringes of 270mg (4.5ml of 60mg/ml, diluted with 40.5ml water for injection to give final	
		volume of 45ml).	
		1 syringe of 180mg (3ml of 60mg/ml, diluted with 27ml water for injection to give final volume of	
		30ml). Administer each syringe over 5 minutes.	
CONCENTRATION		6mg/ml	
STABILITY:		Physically and chemically stable for 24 hours at room temperature.	

References:

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- 3. Legriel S., Bedos J.P., Azoulay E. (2008) Managing Critically ill Patients with Status Epilepticus. In: Yearbook of Intensive Care and Emergency Medicine. Yearbook of Intensive Care and Emergency Medicine, vol 2008. Springer, Berlin, Heidelberg. https://doi.org/10.1007/978-3-540-77290-3_76

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