

**NEONATAL MEDICATION PROTOCOLS**

**SALBUTAMOL**  
 Created by: NCCU  
 Date for review: Oct 2016

NCCU Clinical Guidelines  
 KEMH/PMH  
 Perth, Western Australia

<b>DRUG:</b>	<b>SALBUTAMOL</b>
<b>PRESENTATION:</b>	Aerosol: 100 microgram/puff Inhalation Solution: 0.5% w/v Ampoule: 500 microgram/mL
<b>ACTION &amp; INDICATION:</b>	Specific $\beta_2$ adrenergic agonist To reduce airways resistance in ventilator dependent neonates with bronchopulmonary dysplasia. To treat hyperkalaemia
<b>DOSE:</b>	<b>Bronchodilator dose:</b> Using aerosol via a spacer device (eg Aerochamber <sup>®</sup> ) 200 microgram (2 puffs) 6 hourly Nebulisation only: Starting dose: 150microgram (0.03mL) /kg/dose 4-6 hourly Maximum dose: 500microgram (0.1mL) /kg/dose 4-6 hourly Do not increase dose if a significant rise in basal heart rate is seen. <b>Neonatal hyperkalaemia</b> <b>IV:</b> 4 microgram/kg/ dose. Dose may be repeated once after a minimum of two hours <b>Nebulisation:</b> 400microgram/kg/dose 2 hourly
<b>PREPARATION:</b>	<b>Nebulisation</b> Diluent: Sodium Chloride 0.9% Dilute to 3mL (or an appropriate volume) <b>IV:</b> Dilute 500microgram (1mL) to 10mL with 0.9% sodium chloride =50 microgram in 1mL Further dilute 1mL of above solution to 10mL <b>= 50 microgram in 10mL (5 microgram per mL)</b>
<b>ADMINISTRATION:</b>	<b>Nebulisation:</b> Aerosol via a spacer device Shake canister well before use Nebulised via endotracheal tube The expiratory block of ventilators should be changed on a weekly basis when nebulised drugs are used. <b>Intravenous:</b> over 5 to 10 minutes
<b>ADVERSE EFFECTS &amp; COMMENTS:</b>	Tachycardia - monitor heart rate during, and for 30 minutes post, administration. Tremor Hyperexcitability Hypokalaemia Cardiac arrhythmias
<b>REFERENCES:</b>	Neofax 2013 BNF for Children 2013
<b>DATE:</b>	October 2013