



NEONATAL MEDICATION GUIDELINE

Phenobarbitone (Phenobarbital)

Scope (Staff): Nursing, Medical and Pharmacy Staff

Scope (Area): KEMH NICU, PCH NICU, NETS WA

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

[Dose](#)

[Preparation & Administration](#)

[Side Effects & Interactions](#)

[Monitoring](#)

Restrictions

[Formulary: Restricted](#)

Requires Neonatologist or Neurologist review within 24 hours of initiation

Description

Barbiturate – anticonvulsant and sedative

Presentation

Oral Solution: 10mg/mL

Storage

Store at room temperature, below 25°C

Contraindications

Avoid in acute porphyrias
Severe respiratory depression
Severe hepatic impairment

Dose

Neonatal seizures

IV/IM/Oral:

Loading dose: 20 mg/kg

If no response, a further 10 – 20 mg/kg may be given

Maximum loading dose: 40 mg/kg

Maintenance dose: 3 – 5 mg/kg once daily commencing 12 -14 hours after the loading dose

Neonatal jaundice

IV/IM/Oral:

5 mg/kg once daily

Neonatal abstinence syndrome (NAS)

IV/IM/Oral:

Refer to clinical practice guideline [Neonatal Abstinence Syndrome](#)

Dose Adjustment

Adjust dose according to response and concentration monitoring

Renal Impairment:

Dosage adjustment may be required in severe renal impairment

Preparation

IM

Use undiluted

IV

Withdraw 1mL (200mg) of phenobarbitone and make up to a final volume of 10mL of a compatible fluid

Concentration = 200mg/10mL = **20mg/mL**

Administration

Oral

Mixture is bitter and may be poorly tolerated. Consider administering a loading dose via the IGT if the infant has poor suck

IM

Refer to clinical practice guideline [Medication Administration: Intramuscular, Subcutaneous, Intravascular](#)

IV

Infuse over 20 – 30 minutes or at a maximum rate of 1 mg/kg/minute

Compatible Fluids

Glucose 5%, Glucose 10%, Sodium Chloride 0.9%

Y-Site Compatibility

Refer to KEMH Neonatal Medication Guideline: [Y-Site IV Compatibility in Neonates](#)

Side Effects

Common: hypotension, respiratory depression, extravasation

Serious: paradoxical hyperactivity and irritability may occur

Interactions

Phenobarbitone interacts with a range of medications – contact Pharmacy for further advice

Monitoring

Observe for signs of extravasation

Concentration monitoring

Sampling time: Immediately prior to next dose

Therapeutic range: 15 – 40 mg/L

Time to reach steady state: 2 – 4 weeks

Related Policies, Procedures & Guidelines

CAHS Clinical Practice Guidelines:

[End of Life Care](#)

[Hypoxic Ischaemic Encephalopathy \(HIE\)](#)

[Medication Administration: Intramuscular, Subcutaneous, Intravascular](#)

[Neonatal Abstinence Syndrome](#)

[Neonatal Seizures](#)

WNHS Pharmaceutical and Medicines Management Guidelines:

[Medication Administration](#)

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Keywords	Phenobarbitone, phenobarbital, seizures, epilepsy, neonatal abstinence syndrome				
Document Owner:	Head of Department - Neonatology				
Author/ Reviewer	KEMH & PCH Pharmacy/Neonatology Directorate				
Version Info:	Updated template, amended links				
Date First Issued:	March 2008	Last Reviewed:	09/04/2020	Review Date:	09/04/2023
Endorsed by:	Neonatal Directorate Management Group			Date:	April 2020
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance <input type="checkbox"/>  Std 2: Partnering with Consumers <input type="checkbox"/>  Std 3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  Std 4: Medication Safety		<input type="checkbox"/>  Std 5: Comprehensive Care <input type="checkbox"/>  Std 6: Communicating for Safety <input type="checkbox"/>  Std 7: Blood Management <input checked="" type="checkbox"/>  Std 8: Recognising and Responding to Acute Deterioration		
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