

## **NEONATAL**

## **INDOMETACIN**

This document should be read in conjunction with this **DISCLAIMER** 

Restricted: Requires Neonatologist review within 24 hours of initiation

Presentation	Prefilled Syringe: 1000 microg/5mL (KEMH Pharmacy)		
	Suspension: 250 microg/mL		
Classification	Non-Steroidal Anti-Inflammatory (NSAID)		
Indication	Haemodynamically significant patent ductus arteriosus		
Dose	IV Infusion:		
	Initial Dose: 200microg/kg once daily.		
	Subsequent Doses: 100 to 200 microg/kg daily for 2 days.		
	A further 2 doses may be given if required (Maximum 5 doses).		
	Oral:		
	200 microg/kg once daily for 3 - 5 days.		
	(Infant must be on at least 100mL/kg/day of oral feeds before starting oral administration)		
Contraindication	Anuria or Oliguria (< 0.5 to 1 mL/kg/hour)		
	Serum Creatinine >150 micromol/L		
	Thrombocytopenia or coagulopathy		
	Active bleeding		
	Necrotising Enterocolitis (NEC)		
	Ductal dependant congenital heart disease		
	Pulmonary Hypertension		
Monitoring	Urine Output, Urea, Creatinine, Electrolytes		
Guidelines & Resources	Patent Ductus Arteriosus (PDA)		
Compatible Fluids	Sodium Chloride 0.9%, Water for Injections		

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Preparation	IV: Prefilled syringes available (KEMH)				
	Oral: solution available in imprest fridge (KEMH)				
Administration	IV Infusion: Infuse over 30 minutes. Flush bung with 0.5mL of Sodium Chloride 0.9% over at least 30				
	minutes.				
	Oral: Oral Suspension- Shake bottle before use.				
Adverse Reactions	Common	Hyponatraemia, Hyperkalaemia, abdominal distension, oedema.			
	Serious	GI Bleeding, Transient ileus, NEC, renal impairment.			
Storage	IV and Oral: Refrigerate – do not Freeze				
Interactions	Aminoglycosides & Vancomycin: Dose may need to be modified if indometacin affects renal function.				
	<b>Digoxin:</b> Reduces Indometacin volume of distribution, an increased dose may be required.				
	<b>Diuretics:</b> Concomitant use of diuretics may increase incidence of renal impairment.				
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