

NEONATAL

MILRINONE

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

Highly Restricted: Requires Neonatologist or relevant specialist approval before commencing

⚠ HIGH RISK Medication

Presentation	Ampoule: 10mg/10mL = 1mg/mL			
Classification	Selective phosphodiesterase inhibitor which has positive inotropic and vasodilatory activity			
Indication	 Refractory pulmonary hypertension Low cardiac output Septic shock 			
	There is some evidence for its use in preventing low cardiac output in patients undergoing cardiac surgery.			
	It is for short term treatment only and should generally not be used for longer than 72 hours			
Contraindications	Avoid use in patients with severe:			
	obstructive aortic disease			
	pulmonary valvular disease			
	hypovolaemia.			
Precautions	Use with caution in patients with a history of ventricular arrhythmias, atrial fibrillation or atrial flutter as may aggravate, use continuous ECG monitoring			
	Use with caution in patients with impaired renal function			
	Use with caution in conjunction with other vasodilating agents.			
	Correct hypokalaemia before initiating therapy			

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Dose	Note: Any fluid imbalance should be corrected before commencing milrinone. In both regimens below, consider reducing or omitting the loading dose if the patient is at risk of hypotension.				
	Corrected Gestational Age	Loading Dose	Maintenance Dose		
	< 30weeks	0.75 microgram/kg/minute for 3 hours	0.2microgram/kg/minute		
	≥ 30weeks	0.4 to 1.25 microgram/kg/minute for 60 minutes	0.25 to 0.75 microgram/kg/minute		
Monitoring	Continuous ECG monitoring to promptly detect and manage ventricular arrhythmias. Blood Pressure (hypotension may occur)., Heart Rate Infusion site reactions. Fluid and electrolyte status (especially potassium and magnesium) Renal function.				
Dose Adjustment	Milrinone is primarily excreted unchanged by the kidneys, reduction in the infusion rate may be necessary in patients with renal impairment.				
Guidelines & Resources	Cardiac: Routine Post-Operative Care				
Compatible Fluids	Glucose 5%. Sodium Chloride 0.9%				
Preparation	IV: Available from CIVAS (KEMH & PCH) Withdraw 1.5mg of milrinone per kg of baby's weight (1.5mL/kg) and dilute to 50mL with appropriate infusion fluid. Concentration: 1mL/hour= 0.5microgram/kg/minute				

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Administration	IV Infusion:			
	See Dose section for recommended infusion times			
Adverse	Common: Hypotension			
Reactions	Serious: Supraventricular and ventricular arrhythmias, Hypokalaemia, thrombocytopenia			
Storage	Store at room temperature, below 25°C			
Interactions	Incompatible with furosemide (frusemide).			
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