Aminophylline

Aminophylline dosing is weight based; ensure accuracy of documented weight before administration	
CAUTION: High Administration Risk Rating	
Form	250mg per 10mL ampoule
Reconstitution	Already in solution • **Draw up using a 5micron filter needle** • **Use gloves when opening ampoules** Discard the ampoule if the contents are discoloured. **Dilute further before administration.**
Compatibility & Stability	Sodium Chloride 0.9% Glucose 5%
Administration	**Intermittent IV infusion (Loading dose)** Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely. The loading dose should be diluted in 100mL and administered over at least 30 minutes. The rate of administration should not exceed 25mg per minute. **Continuous Infusion (Maintenance dose)** Dilute to a concentration of 1mg in 1mL (e.g. 500mg aminophylline in 500mL). Fluid restriction: Can be given by a central venous access device at higher concentrations i.e. required dose in 50mL (or undiluted). The rate of administration should not exceed 25mg per minute.
Monitoring	• Serum theophylline levels should be monitored. • Monitor ECG, heart rate and blood pressure during administration. • Monitor serum potassium levels if therapy is on-going.
Extravasation	Extravasation likely to cause tissue damage.
Additional Information	• Aminophylline is usually prescribed as a **loading dose** followed by a **maintenance dose**. A loading dose is not normally given to patients taking oral theophylline or aminophylline; if considered necessary, defer treatment until a serum theophylline level is available. • Calculate dose on the basis of ideal body weight in obese patients to avoid excessive dosing. Refer to Ideal Body Weight calculator on Eolas. • Dose adjustment may be necessary if smoking started or stopped during treatment

Information provided relates to Aminophylline manufactured by MercuryPharma.