

Desmopressin acetate (DDAVP)

Desmopressin dosing may be weight based; ensure accuracy of documented weight before administration		
Form & Storage	4 microgram in 1 mL vial	Store at 2–8°C in original packaging.
Reconstitution	Already in solution	
Compatibility & Stability	Sodium chloride 0.9%	
Administration	IV Infusion	
	Add required dose to 50 mL of Sodium Chloride 0.9% Infuse over 20-30 minutes, choose a large vein and monitor infusion site closely.	
	IV Injection	
	Withdraw required dose Give slowly over 3-5 minutes using a large vein.	
	IM Injection	
	Allow to reach room temperature before giving by IM injection. Withdraw required dose. Administer undiluted. Small doses e.g. 400nanograms (0.1mL) or less may be diluted in sodium chloride 0.9% for ease of administration.	
	SC Injection	
	Withdraw required dose Give by SC injection	
Monitoring	Monitor BP and pulse continuously during IV Infusion Body weight (or plasma sodium or osmolality) to check for fluid overload with repeated administration	
Extravasation	Extravasation, is likely to cause tissue damage because of the pH of the solution.	
Additional Information	<ul style="list-style-type: none"> It is recommended to maintain fluid and electrolyte balance. Treatment without concomitant reduction of fluid intake may lead to fluid retention and/or hyponatremia with or without accompanying warning signs and symptoms. When used for diagnostic purposes the fluid intake must be limited to a maximum of 0.5 L to quench thirst from 1 hour before until 8 hours after administration. Oral, intranasal, intravenous, subcutaneous and intramuscular doses are expressed as desmopressin acetate; sublingual doses are expressed as desmopressin base. Desmopressin acetate 1 microgram approx equal to desmopressin 0.9 microgram. See below CUH-PPG-C-PHA-20 Management of bleeding following insertion of tunnelled vascular catheters and to prevent bleeding during renal biopsy Protocol 	

Information provided relates to DDAVP® manufactured by Ferring Pharmaceuticals Ltd

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542

Management of bleeding following insertion of tunnelled vascular catheters and to prevent bleeding during renal biopsy

Dose of Desmopressin as Desmopressin Acetate (DDAVP®)	0.3 to 0.4microgram/kg IV (usual maximum of 20 microgram, doses >40mcg have not been reported for bleeding indications) ^{2,3}
Form	4 microgram Desmopressin in 1 ml ampoule (4 microgram/ml)
Reconstitution	Already in solution Further dilute before administration
Administration	IV Infusion Dilution for intravenous infusion <ul style="list-style-type: none"> • Add required dose to 50 ml of Sodium Chloride 0.9% • Infuse over 30 minutes • See CUH Adult Intravenous Guidelines for monograph for further information
Pharmacokinetics	<ul style="list-style-type: none"> • Onset of action less than one hour² • Duration of effect 4-8hours²
Compatibility & Stability	Sodium Chloride 0.9% only
Special Notes	<ul style="list-style-type: none"> • Vial should be stored in the fridge (2-8°C) • Patients with renal impairment: dose as in normal renal function • Patients undergoing renal replacement therapies: unlikely to be dialysed • These are unlicensed indications • See SPC for full prescribing information

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References

1. DDAVP®/Desmopressin, Summary of Product Characteristics, Ferring Pharmaceuticals – <https://www.hpra.ie>
2. The Renal Drug Database -<https://renaldrugdatabase.com>. Accessed on: 19/06/23
3. Up to date- www.uptodate.com. Accessed on: 19/06/23