

Eptifibatide

Recommended dosing restricted for use under Stroke Department in Radiology and ED		
Indication periprocedural use in mechanical thrombectomy for acute ischaemic stroke where intra- and/or extra-cranial stenting was required		
Please note: A different regime for Eptifibatide is used in Cardiology Refer to CCU & CathLab for guidelines on use in Cardiology		
If feasible, review baseline prothrombin time (PT), aPTT, serum creatinine, platelet count, haemoglobin, haematocrit and liver functions to identify pre-existing haemostatic abnormalities.		
Form	There are two strengths of this drug. Read vial and check carefully. <ul style="list-style-type: none"> Eptifibatide 20mg in 10ml vial (For loading dose) Eptifibatide 75mg in 100ml infusion (for maintenance) 	Store vials at 2–8°C in fridge
Reconstitution	Already in solution	
Compatibility & Stability	Not required – already in solution	
Dose	<ul style="list-style-type: none"> Please note patients will have been administered the LOADING dose (i.e., 135mcg/kg) in Radiology Department, therefore, a LOADING dose is NOT to be administered on the ward. MAINTENANCE dose infusions will be administered on the ward at 1.0 microgram/kg/minute. See table below for dosing guidance. 	
Equipment	<ul style="list-style-type: none"> A Baxter EVO IQ infusion pump labelled specifically for eptifibatide infusions is kept on the Hyperacute stroke unit. This pump is set in DOSE mode and has eptifibatide dosing option i.e., 1mcg/kg/min preset on the pump. Select eptifibatide from the drug library on the pump. Select correct dose as specified on the kardex i.e. 1mcg/kg/min on the pump. Enter the patient's weight i.e., kgs on the pump. Estimated weights are used if no actual weight available. Cross check the rate i.e., ml/hr calculated on the pump against the dosage guidance table provided. 	
Monitoring	<ul style="list-style-type: none"> Check platelet count, haemoglobin, and haematocrit 6 hours after starting Eptifibatide maintenance infusion and then at least once daily thereafter (monitor more often if evidence of a marked reduction in platelet count). Monitor liver function as Eptifibatide is contraindicated in severe liver impairment. Monitor for signs of bleeding especially groin puncture sites. 	

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

Administration	<p>Bolus intravenous injection (Loading) (Radiology department ONLY, loading dose NOT to be given on ward)</p> <ul style="list-style-type: none"> Administer required dose over 1 to 2 minutes <p>Continuous intravenous infusion (Maintenance) Eptifibatide maintenance infusion to be administered for up to 48hours or until it is felt safe to initiate dual antiplatelet regime. Eptifibatide is not be stopped without instruction from Consultant Interventional Neuroradiologist.</p>																																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #003366; color: white;"> <th colspan="2">MAINTENANCE DOSE 1 microgram/kg/min</th> </tr> <tr style="background-color: #4a7ebb; color: white;"> <th>Weight (kg)</th> <th>Infusion rate (mL/hr)</th> </tr> </thead> <tbody> <tr><td>45</td><td>3.6</td></tr> <tr><td>50</td><td>4.0</td></tr> <tr><td>55</td><td>4.4</td></tr> <tr><td>60</td><td>4.8</td></tr> <tr><td>65</td><td>5.2</td></tr> <tr><td>70</td><td>5.6</td></tr> <tr><td>75</td><td>6.0</td></tr> <tr><td>80</td><td>6.4</td></tr> <tr><td>85</td><td>6.8</td></tr> <tr><td>90</td><td>7.2</td></tr> <tr><td>95</td><td>7.6</td></tr> <tr><td>100</td><td>8.0</td></tr> <tr><td>105</td><td>8.4</td></tr> <tr><td>110</td><td>8.8</td></tr> <tr><td>115</td><td>9.2</td></tr> <tr><td>120</td><td>9.6</td></tr> <tr><td>125</td><td>10.0</td></tr> <tr><td>130</td><td>10.4</td></tr> <tr><td>135</td><td>10.8</td></tr> <tr><td>140</td><td>11.2</td></tr> </tbody> </table>	MAINTENANCE DOSE 1 microgram/kg/min		Weight (kg)	Infusion rate (mL/hr)	45	3.6	50	4.0	55	4.4	60	4.8	65	5.2	70	5.6	75	6.0	80	6.4	85	6.8	90	7.2	95	7.6	100	8.0	105	8.4	110	8.8	115	9.2	120	9.6	125	10.0	130	10.4	135	10.8	140
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Additional Information	<p>Bridging Eptifibatide to Dual Anti-Platelet Therapy (DAPT)</p> <ul style="list-style-type: none"> At the first interval CT scan performed at 24 hours, if a decision is made to start DAPT, after prescribing DAPT, the nursing staff member responsible for the patient's care is to inform the team when the doses of DAPT have been administered. The team must set the eptifibatide infusion to stop 4 hours following the dose of DAPT and the nursing staff must stop the infusion at this time point. Please ensure there is enteral access with a nasogastric tube if the patient has an unsafe swallow as DAPT must still be administered at the appropriate time point even if NBM. Please ensure DAPT maintenance is prescribed for the following day with Proton Pump Inhibitor (PPI) cover in the form of lansoprazole 15-30mg once daily. 																																											

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- In certain cases, IV Aspirin will be administered in addition to IA Eptifibatide during stenting procedure (mainly renal impairment). In this instance an infusion will not be required.
- Individualised medication regimes will be decided by Consultants (Stroke or Radiologist) in relation to timing of antiplatelet medication, and this will be documented in clinical notes.

Information provided relates to Eptifibatide manufactured by Kensington Pharma.