

Hyoscine HYDRObromide

| Potential SALAD | |
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| Two hyoscine preparations are available - Hyoscine BUTYLbromide and Hyoscine HYDRObromide Check carefully when you are using this monograph to ensure that you are using it appropriately The information in this monograph is specific to Hyoscine HYDRObromide | |
| Form | 600 microgram per mL ampoule |
| Reconstitution | Ready diluted • Draw up using a 5 micron filter needle • Use gloves when opening ampoules |
| Compatibility & Stability | Sodium Chloride 0.9% Glucose 5% |
| Administration | SC Injection Withdraw required dose. Give by sc injection. Continuous SC Infusion Dilute with sodium chloride 0.9% IM Injection (see note below) Withdraw the required dose. Inject into a large muscle such as the gluteus or the lateral aspect of the thigh |
| Monitoring | Monitor blood pressure, heart rate and for signs of anaphylaxis. Patients with underlying cardiac disease such as heart failure, coronary heart disease, cardiac arrhythmia or hypertension should be carefully monitored. |
| Extravasation | Hyoscine HYDRObromide has a low pH and may cause venous irritation and tissue damage in cases of extravasation. |
| Additional Information | Patients should seek urgent ophthalmological advice if they develop a painful, red eye with loss of vision after administration. Should not be given by intramuscular injection to patients being treated with anticoagulant drugs since intramuscular haematoma may occur¹ Administration via syringe driver is unlicensed and may increase the administration risk rating. To mitigate these risks: Contact the Pharmacy Department or Palliative care team for further guidance. Consult the Palliative Care Formulary accessible on www.medicinescomplete.com or the Syringe Driver Survey Database (SDSD) (available after registration on www.palliativedrugs.com) for guidance on syringe driver compatibility. |

Information provided relates to Hyoscine HYDRObromide manufactured by Martindale