Labetalol

<table>
<tr><th colspan="2">CAUTION: High Administration Risk Rating</th></tr>
<tr><td>Form</td><td>100mg per 20mL ampoule (5mg/mL)</td></tr>
<tr><td>Reconstitution</td><td>Already in solution
Draw up using a 5 micron filter needle
Use gloves when opening ampoules
The solution should be clear and colourless. Inspect visually for particulate matter or discoloration prior to administration and discard if present.</td></tr>
<tr><td>Compatibility & Stability</td><td>Glucose 5% (preferred)
Sodium Chloride 0.9%</td></tr>
<tr><td>Administration</td><td>IV Injection
Emergency use only. Use undiluted at a maximum rate of 50mg/min.
Usual maximum total dose 200mg.

IV infusion
Using 1mg/mL solution.
See possible preparations in Table below

<table>
<tr><th>Volume Labetalol 5mg/mL</th><th>Volume infusion fluid</th><th>Final volume 1mg/mL</th></tr>
<tr><td>50mL</td><td>200mL</td><td>250mL</td></tr>
<tr><td>60mL</td><td>240mL</td><td>300mL</td></tr>
<tr><td>100mL</td><td>400mL</td><td>500mL</td></tr>
</table>

Infuse the prescribed dosage using a rate-controlled infusion pump.
Refer to UpToDate for recommended dose based on indication.

IV Infusion (Fluid restriction, unlicensed. Central line only)
Draw up 300mg (60mL) of labetalol into a syringe neat to give a 5mg/mL infusion. Adjust rate according to response.
Usual infusion rate of up to 2mg/min.</td></tr>
<tr><td>Monitoring</td><td>Monitor blood pressure, heart rate, ECG, respiratory function.</td></tr>
<tr><td>Extravasation</td><td>Extravasation may cause tissue damage. If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely. Re-site cannula at first signs of inflammation.</td></tr>
<tr><td>Additional Information</td><td>For obstetric patients refer to CUMH guidelines or the Pharmacy Department
Patient should avoid upright position during and for 3 hours after intravenous administration.</td></tr>
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Information provided relates to Trandate® (RPH Pharmaceuticals)