Metaraminol

<table>
<tr><td colspan="2" align="center">**SALAD**
Metaraminol and Metoclopramide</td></tr>
<tr><td colspan="2" align="center">**CAUTION:** High Administration Risk Rating</td></tr>
<tr>
<td>**Form**</td>
<td>
- 10mg/mL ampoule
- 2.5mg in 5mL Pre Filled Syringe (0.5mg/ml)
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<tr>
<td>**Reconstitution**</td>
<td>
Already in solution
Using ampoule
- Draw up using a 5micron filter needle
- Use gloves when opening ampoules
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<tr>
<td>**Compatibility & Stability**</td>
<td>
Glucose 5%
Sodium Chloride 0.9%
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<tr>
<td>**Administration**</td>
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IV Injection

Use PreFilled Syringe PFS (2.5mg in 5mL = 0.5mg/mL) where available

In an emergency, give 500microgram - 1000microgram (1-2ml) bolus slowly over 2-5 minutes as required according to response, followed by an infusion.

If PFS not available prepare a 0.5mg/mL solution

Volume of metaraminol	Volume of compatible Fluid	Final Conc
1mL	19mL	0.5mg/mL (500 microgram/mL)

IV Infusion

Prepare 0.5mg/mL solution as per table below

Volume of metaraminol	Volume of compatible Fluid	Final Conc
2mL	38mL	0.5mg/mL (500 microgram/mL)

Preferably give via a **central venous access device** using an infusion pump at a rate up to 10mg/hour (20mL/hour of 0.5mg/mL).
If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site. Resite cannula at first signs of inflammation.

After discontinuation, flush the peripheral cannula with sodium chloride 0.9% at the same rate the medicine was infused to avoid an unintentional 'bolus' dose. Discard the IV administration set before flushing the cannula.
Peripheral cannula: Flush if it is to remain in situ.
Central venous access device: Aspirate the cannula contents before flushing.
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<td>**Monitoring**</td>
<td>
- Monitor blood pressure, heart rate, ECG, central venous pressure, drowsiness, urine output, potassium levels, lactate levels.
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<td>**Extravasation**</td>
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- Extravasation is likely to cause tissue damage because metaraminol is a potent vasoconstrictor and has a low pH.
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<td>**Additional Information**</td>
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- Maximum effects are not immediately apparent: at least 10 minutes should elapse between dose increases
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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

	• Metaraminol has a longer duration of action than noradrenaline, and an excessive vasopressor response may cause a prolonged rise in blood pressure.

Information relates to Metaraminol (Flexipharm Austrading)