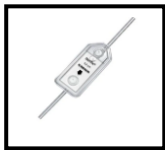


Phenytoin

Phenytoin dosing is weight based; ensure accuracy of documented weight before administration

CAUTION: High Administration Risk Rating

Form	250mg in 5mL vial								
Reconstitution	Already in solution								
Compatibility & Stability	Sodium Chloride 0.9% ONLY								
Administration	<p><u>IV Infusion (Loading Dose & Maintenance Dose)</u> Dilute required dose in sodium chloride 0.9% to a maximum of 10mg/mL. The infusion must be prepared immediately before use and infused within one hour using an in-line filter (0.2micron). Attach a 0.2micron filter to the end of the administration set, before it is connected to the patient. This filter (pictured) B Braun Sterifix® 0.2µ Ref 4099303 is kept in Infusion unit, ED & 3A.</p>  <p>Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #e0f2f1;">Required Dose</th> <th style="background-color: #e0f2f1;">Volume of Infusion Fluid</th> </tr> </thead> <tbody> <tr> <td>Less than 500mg</td> <td>50mL</td> </tr> <tr> <td>500mg – 1000mg (loading doses)</td> <td>100mL</td> </tr> <tr> <td>Greater than 1000mg (loading doses)</td> <td>250mL</td> </tr> </tbody> </table> <p>Final concentration of phenytoin should not exceed 10mg/mL. Administer at a rate not exceeding 50mg per minute, e.g. 1g can be given over 20 minutes. Rate of 25 mg/minute or lower may be more appropriate in some patients (including the elderly and those with heart disease). Stability of the diluted solution is limited and precipitates may form.</p> <p><u>IV Injection (Maintenance doses)</u> Phenytoin should be injected slowly into a large vein at a rate not exceeding 50mg per minute. Rate of 25 mg/minute or lower may be more appropriate in some patients (including the elderly and those with heart disease).</p>	Required Dose	Volume of Infusion Fluid	Less than 500mg	50mL	500mg – 1000mg (loading doses)	100mL	Greater than 1000mg (loading doses)	250mL
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Less than 500mg	50mL								
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Monitoring	<ul style="list-style-type: none"> • Continuous monitoring of ECG and blood pressure is essential. The patient should be observed for signs of respiratory depression. Monitor for signs of cardiovascular collapse and CNS depression. • Phenytoin has a narrow therapeutic range; the usual total plasma-phenytoin concentration for optimum response is 10-20mg/L (or 40-80 micromol/L). Monitor levels twice weekly while on IV phenytoin or more frequently if needed. Phenytoin levels need to be corrected for albumin/renal failure 								
Extravasation	May cause tissue damage due to high pH. Flush pre and post each dose with sodium chloride 0.9% to prevent phlebitis.								
Additional Information	<ul style="list-style-type: none"> • Phenytoin is often administered as a loading dose (based on weight) followed by a smaller maintenance dose. Double check the correct dose has been prescribed. • Hypotension usually occurs with rapid IV administration of phenytoin. • There are numerous drug interactions with phenytoin – check BNF. 								

Information provided relates to Epanutin® manufactured by Pfizer.

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