

Isoprenaline Infusion

[Note on ordering: available as 'Special Order' only¹]

- For **BRADYCARDIA** with adverse signs (shock, syncope, myocardial ischaemia, heart failure) and / or risk of asystole which has not responded to atropine (if external pacing unavailable or unsuccessful)

ADMINISTRATION VIA INFUSION PUMP USING PERIPHERAL OR CENTRAL LINE (LATTER PREFERRED)^{2,3}

- ECG and BP monitoring required
- Dose³
 - Normally – 1 to 4 micrograms/min³

Preparation	Dose	Note
<ul style="list-style-type: none"> • Using isoprenaline (hydrochloride) 2mg in 2ml ampoule <p>NB Current Pharmacy stock is isoprenaline sulphate 2.25mg in 2ml which is equivalent to isoprenaline hydrochloride 2mg in 2ml. So just prepare in the same way, as below.</p> <ul style="list-style-type: none"> • Add 2ml (2mg isoprenaline hydrochloride or alternative 2.25mg isoprenaline sulphate) to 500ml 0.9% sodium chloride or 5% glucose 	<p>4 micrograms /ml</p> <p>(Equivalent)</p>	<p>Flush with 0.9% sodium chloride or 5% glucose</p>

Table: Rate (ml/hr)

Dose (micrograms/min) (equivalent to isoprenaline hydrochloride)	Rate (ml/hr)	Note
1	15	<p>↑ Titrate according to response (Heart rate 50-100bpm)</p> <p>↓</p>
2	30	
3	45	
4	60	

Stability Information^{2,3}
Stable for 24 hours

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Prepared by	A. Rowlands	Authorised by	Jane Adamson

References

1. British Medical Association, Royal Pharmaceutical Society. British National Formulary, 63rd ed. London: British Medical Association, Royal Pharmaceutical Society, March 2012, p140
2. Sweetman SC. Martindale: The Complete Drug Reference Edition: 37th ed London: Pharmaceutical Press; 2011 [online] available from: www.thomsonhc.com. Accessed: 08/03/12
3. UCL Hospitals Injectable Medicines Administration Guide. 3rd ed. London: Wiley-Blackwell Publishing; 2010.

NHS Highland accepts that this is standard practice throughout the UK and supports the use of these concentrations.

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