REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

dexmedeTOMidine

HIGH ALERT DOUBLE CHECK

Effective Date: Nov 7 2018 **Revised Date:** Dec 2022	CLASSIFICATION **Sedative** **Alpha-2 Adrenergic Agonist**	OTHER NAMES **Precedex**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus – Not recommended

IV Infusion – May be administered by a Nurse experienced in ICU /PACU /OR

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 4 mcg/mL in 100 mL premixed bag, 100 mcg/mL 2mL single dose vial

If pre-mixed bag is unavailable, prepare as follows:

Remove 4 mL from a 100mL normal saline bag

Add 400 mcg (4mL) dexmedeTOMidine to bag

Final concentration: 4 mcg /mL Final Volume: 100mL

IV Infusion: Pump Library:

Drug Library	**Dose Rate**	**Short Name**	**Care Unit**
Yes	mcg/kg/h	dexmed	Critical Care
Drug	**Diluent**	**Final Volume (VTBI)**	**Final Concentration**
400 mcg pre-mixed	100 mL pre-mixed	100 mL	4 mcg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.1 mcg/kg/h		Soft High Dose Limit: 1.5 mcg/kg/h	

DOSAGE:

Monitored Anaesthesia Care (MAC):

Loading dose: 0.5 to 1 mcg/kg over 10 min

IV infusion: 0.2 to 1 mcg/kg/hour

General anesthesia:

IV infusion: 0.1 to 0.8 mcg/kg/hour, titrate to desired effect

ICU Sedation:

Loading dose: 1 mcg/kg over 10 min

IV infusion: 0.2 to 1.5 mcg/kg/hour, titrate by 0.2 mcg/kg/hour every 30 minutes to sedation goal

Maximum rate: 1.5 mcg/kg/hour

Maximum concentration: 4 mcg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W, Lactated Ringer

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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Continuous cardiac monitoring
- Monitor blood pressure, heart rate, oxygen level, and level of sedation
- Hypotension, bradycardia and sinus arrest, transient hypertension during loading dose, dry mouth
- Loading dose may initially cause severe tachycardia and hypertension that is then quickly converted to significant bradycardia and/or hypotension
- Significant accumulation in moderate to severe hepatic insufficiency. Reduce dose and use with caution.
- Use with caution in patients with heart block, bradycardia, severe ventricular dysfunction, hypovolemia, or chronic hypertension
- Concurrent use with vasodilators and negative chronotropic agents (e.g. beta-blockers) may lead to additive effects
- Treatment of transient hypertension during the loading dose is generally not required, although reduction of the loading dose infusion rate may be desirable.

Reduce loading dose to 0.5 mcg per kg over 10 minutes in the elderly