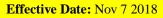
(Contá	REGIONAL ADULT PARENTERAL DRUG MONOGRAPH				
Southern Sud	GENERIC NAME dexmedeTOMidine				
Health					
			CHECK		
Effective Date: Nov 7 2018	CLASSIFICATION	OTHER NAMES PAGE			
Revised Date: Dec 2022	Sedative Alpha-2 Adrenergic Agonist	Precedex 1 of 2			
ADMINISTRATION POI					
IV Bolus – Not recommended					
	e 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:					
IJ pre-mixed bag is unavailable, prepare as joilows: 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: IV infusion:	0.5 to 1 mcg/kg over 10 min 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				

	/
Southern	Santé
Health	Sud

REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

dexmedeTOMidine

GENERIC NAME



CLASSIFICATION Sedative OTHER NAMES Precedex

PAGE

ALERT

Revised Date: Dec 2022

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