



# REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**digoxin**



<b>Effective Date:</b> Dec 2012  <b>Revised Date:</b> Mar 14 2018	CLASSIFICATION <b>Antiarrhythmic</b>	OTHER NAMES <b>Lanoxin</b>	PAGE  1 of 1
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**ADMINISTRATION POLICY:**

- IV Bolus - May be administered by a nurse
- IV Infusion - May be administered by a nurse
- IM Injection - *Not recommended*

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

- Available as:
- 0.25 mg/mL - 2 mL ampoule
  - 0.5 mg = 2 mL
  - 0.25 mg = 1 mL
  - 0.125 mg = 0.5 mL
  - 0.0625 mg = 0.25 mL

**IV Bolus:** Administer dose over 5 minutes or longer  
May give undiluted, or dilute to 5 to 10 mL

**IV Intermittent:** Dilute further in 50 mL normal saline; administer over 10 to 30 minutes

**Maximum rate:** over at least 1 minute

**Maximum concentration:** 0.25 mg/mL

**DOSAGE:**

**Usual:**           **Loading dose:** 0.5 to 1 mg IV total dose, administered by divided doses at 4 to 6 hour intervals over a 12 to 24 hour period  
                           **Maintenance:** 0.0625 to 0.25 mg IV daily

**Maximum single dose:** 0.5 mg (loading doses only)

**Maximum daily dose:** 1 mg (loading doses only-usual maximum maintenance dose in 0.25 mg daily)

**STABILITY/COMPATIBILITY:**

**Stability of Final Admixture:** 24 hours at room temperature

**Compatibility:** Compatible with normal saline, D5W, dextrose-saline combinations, and Lactated Ringer

**PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**

- Clinical signs of digoxin toxicity may include: nausea, vomiting, anorexia, abdominal pain, visual disturbances, confusion, weakness, headache, fatigue, and bradycardia.
- Arrhythmias; peripheral vasoconstriction with rapid injections.
- Extravasation can cause local irritation and sloughing.

**ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**

- Hypokalemia, hypercalcemia, hypomagnesemia, and hypothyroidism predispose patient to toxicity.
- For digoxin levels, draw blood sample just prior to a dose, or at least 6 to 8 hours after the last dose.
- Following a single IV dose, effects are noticeable in 5 to 30 minutes and develop fully in 1 to 5 hours.
- IM injection is not recommended due to erratic absorption and local irritation and pain.
- Elderly patients: May require smaller doses of digoxin due to smaller lean body mass and reduced renal function.