REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

digoxin immune fab (Ovine)

Effective Date: Dec 2012 **Revised Date:** Mar 14 2018	CLASSIFICATION **Antidote for digoxin intoxication**	OTHER NAMES **DigiFab, Antidigoxin Fab Fragments**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Injection - Must be administered by a Physician

IV Infusion - Administration restricted to nurse in ED/Cardiac Room/ICU. Continuous cardiac monitoring required.

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 40 mg vial. Gently mix each vial with 4 mL sterile water for injection. Store unreconstituted vial in fridge. Final Concentration: 10 mg/mL

IV Intermittent: Dilute reconstituted vials in 50 mL of normal saline and administer over at least 30 minutes.

Maximum rate: Over 30 minutes. May be given by rapid IV push if cardiac arrest is imminent.

Maximum concentration: 10 mg/mL

DOSAGE:

Usual:

Varies according to amount of digoxin to be neutralized.

Round all doses up to the next complete vial

- Acute ingestion – unknown amount: 400 mg (ten vials) IV over 30 minutes. May be repeated once if necessary.
- Acute ingestion – Known amount: calculate dose based on amount – 40 mg (one vial) is capable of binding 0.5 mg digoxin
- Chronic ingestion (toxicity during therapy): 240 mg (6 vials) IV over 30 minutes
- Acute or chronic ingestion – known serum level: Caution – serum level is only meaningful eight hours or more after ingestion.
- Dose based on serum concentration: Dose (number of vials) = $\frac{\text{(serum digoxin concentration (mmol per L) x 0.781 x weight (kg))}}{100}$
- Dose based on known amount ingested: Dose (number of vials) = $\frac{\text{total digoxin ingested (mg) x 0.8}}{\text{0.5 mg digoxin bound/vial}}$

Maximum single dose: 800 mg (20 vials)

Maximum daily dose: 800 mg (20 vials)

STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: 4 hours refrigerated

Stability of Final Admixture: use immediately

Compatibility: Compatible with normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- SEVERE HYPOKALEMIA. Monitor potassium levels frequently during administration.
- Allergic reactions include anaphylaxis (rare)
- If signs of anaphylaxis arise during administration the infusion should be discontinued and supportive measures instituted. Skin testing may be considered in high risk individuals.
- Congestive heart failure and arrhythmias have occurred due to digoxin withdrawal.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Following administration, improvement in signs and symptoms of digitalis intoxication begins within 30 minutes or less.
- Each vial will bind approximately 0.5 mg of digoxin (or digitoxin)
- Digoxin immune fab interferes with some digoxin assays. Digoxin levels post administration may be falsely elevated by digoxin immune fab.
- Patients with severe renal insufficiency potentially can develop recurrent digoxin toxicity due to displacement from fab fragments.