



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
ePHEDrine

Effective Date: Dec 2012
Revised Date: Mar 14 2018

CLASSIFICATION
Sympathomimetic

OTHER NAMES

PAGE
1 of 1

ADMINISTRATION POLICY:

- IV Bolus - Restricted to nurse in Labour and Delivery, PACU
- IM Injection - May be administered by a nurse
- Subcutaneous - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 mg/mL - 1 mL ampoule

IV Bolus: Dilute 50 mg (1 mL) with 9 mL normal saline. Administer over 5 to 10 seconds
Final Concentration: 5 mg/mL Final Volume: 10 mL

Maximum rate: 5 seconds

Maximum concentration: 5 mg/mL

DOSAGE:

Usual:

Treatment of hypotension: 5 mg IV every 1 to 5 minutes as needed to a maximum total of 50 mg for symptomatic hypotension on an order from an anesthesiologist.

IM/Subcutaneous: 10 to 50 mg (IV preferred)

Maximum single dose: 10 mg (subsequent doses for hypotension should be given in consultation with the anesthesiologist)

Maximum daily dose: N/A

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

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

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Tachycardia, increase in blood pressure, transient headache, restlessness, anxiety, tremor, confusion, palpitations and sweating.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- If the source of hypotension is hypovolemia, this condition must be corrected simultaneously.
- Pre-eclamptic patients should be managed by anesthesia. An exaggerated reaction (is hypertension) to ephedrine may occur.
- Elderly patients: Hypertension and tachycardia may precipitate myocardial ischemia.