REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
levETIRAcetam

Effective Date: Sept 8 2021 **Revised Date:** **Review Date:**	CLASSIFICATION **Anticonvulsant**	OTHER NAMES **Keppra**	PAGE 1 of 1

ADMINISTRATION POLICY:

IV Infusion – May be administered by nurse
IV Bolus – Do NOT administer
IM Injection – Not recommended
Subcut - Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL

IV intermittent: 1500 mg or less: Dilute in 100 mL with normal saline and administer over 15 minutes.
Greater than1500 mg: Dilute in 250 mL with normal saline and administer over 15 minutes

DOSAGE:

Usual: Initial: 500 mg twice daily; increase every 2 weeks by 500 mg/dose to a maximum of 1500 mg twice daily.

Status epilepticus: 1000 to 3000 mg or 40 to 60 mg/kg

Maximum single dose: 1500 mg
Status epilepticus: 4500 mg
Maximum daily dose: 3000 mg
Exception: status epilepticus: 4500 mg

Maximum rate: Over 15 minutes
Maximum concentration: 15 mg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose/saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Skin rash, nausea, vomiting, decreased appetite
- Decreased white blood cell count, eosinophilia, neutropenia, pancytopenia, thrombocytopenia, albuminuria
- Liver failure, weakness, asthenia, dizziness, headache, somnolence, abnormal behavior, irritability
- Cough, nasopharyngitis, fatigue, angioedema

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosage adjustment may be required in renal dysfunction and severe hepatic impairment.
- Only short term therapy is warranted because of long half-life
- When switching from oral to IV, same dose and frequency may be used.

Elder alert: consider lowering initial dose by 30 to 50% and increasing gradually, less than or equal to 125 mg/week