



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

methotrimeprazine

Effective Date: Dec 2012

Revised Date: Sept 12 2018

Reviewed Date:

CLASSIFICATION
**Phenothiazine
Neuroleptic**

OTHER NAMES
Nozinan

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ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse
 IM Injection - May be administered by a nurse
 Subcutaneous - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 25 mg/mL ampoule

IV Intermittent: Dilute in 50 mL normal saline and administer over at least 60 minutes

IM Injection: Administer deep IM into a large muscle mass

Subcutaneous: Administer undiluted. Flush with normal saline to minimize irritation.

Maximum rate: IV Intermittent: Over 60 minutes

Maximum concentration: IM/Subcutaneous: 25 mg/mL
 IV Intermittent: 2 mg/mL

DOSAGE:

Usual: 6.25 mg – 25 mg IV/IM/subcutaneous every 4 to 8 hours as needed

Insomnia, nausea/vomiting, pain, psychotic disorders:

15 - 25 mg IM injection every 6-8 hours

Post-operative analgesic adjunct:

10 - 25 mg IM injection every 8 hours

Palliative care (eg, antiemetic, sedative [at higher doses]):

6.25 - 25 mg subcut administered every 4 hours

Maximum single dose: 50 mg

Maximum daily dose: 200 mg

STABILITY/COMPATIBILITY:

Stability of Final Admixture: Use immediately

Compatibility: Compatible with normal saline or D5W

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Pain at injection site
- Orthostatic hypotension (tachycardia, dizziness, syncope). May be more pronounced with rapid IV administration. To minimize orthostatic hypotension, patients must be supine during and for at least 30 minutes after IV administration.
- Drowsiness, confusion, lowers seizure threshold



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ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Do not inject directly into a vein. This drug is an irritant to the vein.
- The subcut administration is not recommended due to the development of local irritation, however it is common practice in Palliative Care.
- Dose adjustment required for renal impairment.
- Use is contraindicated in hepatic disease.
- Elderly patients: Are more prone to extrapyramidal reactions (dystonia, akathisia, Parkinsonian symptoms), orthostatic hypotension and confusion.