REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

PHENobarbital

Effective Date: Mar. 2006 **Revised Date:** Nov13-2013	CLASSIFICATION **Hypnotic/Anticonvulsant**	OTHER NAMES **Phenobarb**	PAGE 1 of 2

ADMINISTRATION POLICY:

IM Injection – May be administered by a nurse
IV Bolus – May be administered by a nurse
IV Infusion – May be administered by a nurse
Subcutaneous – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 120 mg/mL

IV Bolus: Administer dose undiluted or dilute dose to 10 mL and administer at a maximum rate of 60 mg/minute

IV Intermittent: Dilute dose in 50 or 100 mL normal saline and administer over 20 to 30 minutes (exception: fluid restricted patient – 25 mL is an acceptable minimum volume)

IM Injection: Administer undiluted, deeply into muscle mass

Subcutaneous: Administer undiluted

DOSAGE:

Usual:

Status epilepticus: Loading dose: 10 to 20 mg/kg IV. May give an additional 5 mg/kg IV every 15 to 30 minutes to a maximum of 30 mg/kg

Maintenance dose: 1 to 3 mg/kg/day IV/IM/subcutaneous once daily or in divided doses

Anticonvulsant: 60 to 600mg IV/IM/subcutaneous daily; may be given in 1 to 2 divided doses

Hypnotic: 100 to 320 mg IV/IM/ subcutaneous daily

Maximum single dose: 30 mg/kg
Maximum daily dose: 30 mg/kg

Maximum rate: 60 mg/minute
Maximum concentration: 120 mg/mL

STABILITY/COMPATIBILITY:

Stability of multidose vial: N/A
Stability of Final Admixture: 24 hours

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

REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
PHENobarbital

Effective Date: Mar. 2006 **Revised Date:** Nov13-2013	CLASSIFICATION **Hypnotic/Anticonvulsant**	OTHER NAMES **Phenobarb**	PAGE 2 of 2

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:
- Hypotension, shock, respiratory depression, apnea, bronchospasm (especially with rapid IV administration)
- Thrombophlebitis, pain at injection site
- IM and subcutaneous administration may cause tissue irritation (due to high pH of the drug solution)
- Extravasation can cause tissue necrosis
- Contraindicated in patients with porphyria or marked liver disease
- Use cautiously in patients with hypovolemic shock, CHF, hepatic impairment or respiratory dysfunction

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:
- Onset of action: 5 minutes. May require 30 minutes to achieve maximum effect.
- Elderly patients: Reduce dosage