

REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME remdesivir

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Effective Date: January 2022	CLASSIFICATION	OTHER NAMES	PAGE
Revised Date: March 9 2022	Antiviral	Veklury	
Reviewed Date: ADMINISTRATION POLIC	V.		1 of 1
IV Intermittent - May be administered by a nurse			
IV Bolus - Do not administer			
IM/Subcut - Do not administer			
RECONSTITUTION/DILUTION/ADMINISTRATION:			
Available as: 100 mg vial powder. Store at room temperature.			
Reconstitute vial with 19 mL sterile water for injection. Immediately shake the vial for 30 seconds. Allow the contents of the vial to settle for 2 to 3 minutes. A clear solution should result. If the contents of the vial are not			
completely dissolved, shake the vial again for 30 seconds and allow the contents to settle for 2 to 3 minutes. Repeat			
this procedure as necessary until the contents of the vial are completely dissolved. <u>Final concentration</u> : 5 mg/mL			
this procedure as necessary when the contents of the that are completely dissorved. <u>I that concentitation</u> . 5 mg mil			
IV Intermittent:	Dilute dose in 250 mL NS. Gently invert bag 20 times to mix. Do not shake.		
	For fluid restricted patients: Dilute dose in 100 mL NS.		
	Administer over 60 minutes.		
	Flush with at least 30 mL	NS after administration.	
Maximum concentration: 2 mg/mL			
Maximum concentration. Maximum rate:	over 30 minutes		
DOSAGE:	over 50 minutes		
Usual:	Loading dose: 200 m	g IV once	
	Maintenance dose: 100 m		
Maximum single dose:	200 mg		
Maximum daily dose:	200 mg		
STABILITY/COMPATIBILITY:			
Stability of Final Admintum			
Stability of Final Admixture: Stability of Final Admixture:		ure or 24 hours refrigerated	
Stability of Final Aufinxture.	4 nouis at room temperat	are of 24 hours reingerated	
Compatibility:	compatible with NS, D5V		
PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:			
Cardiovascular: hypotension, sinus bradycardia			
Central nervous system: dizziness, headache, seizure			
Dermatological: rash, itching, phlebitis Gastrointestinal: nausea, vomiting, gastroparesis, rectal bleeding, constipation, heartburn, loss of appetite, loose			
stools			
Hematologic: mild reversible PT prolongation without clinically significant change in INR			
Hepatic: increased transaminases			
Other: unusual feelings in the ear, shaking of legs and arms			
ADDITIONAL NOTES AND NURSING CONSIDERATIONS:			
Contraindicated in patients with severe hepatic dysfunction			
Dosage adjustment may be required in renal dysfunction			
Recommended monitoring: heart rate, blood pressure			