



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

dexamethasone

Effective Date: Jan14-2015

Revised Date:

CLASSIFICATION

Steroid

OTHER NAMES

Decadron

PAGE

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ADMINISTRATION POLICY:

- IV bolus - May be administered by a nurse
- IV Infusion - May be administered by a nurse
- IM Injection - May be administered by a nurse
- Subcut - Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 4 mg/mL – 5 mL multi-dose vial

IV bolus: administer undiluted over 3 to 5 minutes. Maximum 8 mg/minute

Intermittent: dilute in convenient volume of compatible IV solution and infuse over 10 to 60 minutes

IV infusion: dilute in compatible IV solution

IM injection: administer undiluted.

DOSAGE:

Chemotherapy induced nausea & vomiting:

- IV, IM Initial: 10 mg/m²/dose x 1 (maximum 20 mg)
- Maintenance: 4 mg/m²/dose every 6 hours scheduled or as needed (maximum 8 mg/dose)

Adrenocorticosteroid replacement:

IV,IM 0.015 mg/kg/24 hours given once daily (preferably in morning)

Cerebral edema:

- IV Load: 0.5 to 1 mg/kg/dose x 1 (maximum 10 mg)
- Maintenance: 0.15 mg/kg/dose every 6 hours (maximum 16 mg/24 hours)

Post-extubation croup:

IV,IM 0.25 to 0.5 mg/kg/dose every 6 hours (maximum 4 mg/dose)
Start 24 hours prior to extubation and continue for 4 to 6 doses post-extubation

Meningitis, bacterial:

IV,IM Infant greater than 1 month: 0.15 mg/kg/dose every 6 hours x 4 days (maximum 4 mg/dose)
Give first dose prior to initial dose of antibiotic.

Renal Impairment: no adjustment necessary

Hepatic Impairment: no adjustment necessary

Obesity: no data

Maximum concentration: 4 mg/mL



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STABILITY/COMPATIBILITY:

Stability of open vial: 30 days refrigerated
Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W

POTENTIAL HAZARDS:

- CV: hypertension
- GI: peptic ulcer, acute pancreatitis (large doses), abdominal distention
- Derm: increased sweating, burning or tingling (especially in perineal area) after rapid IV injection, urticaria, may suppress reactions to skin tests
- Endocrine: suppression of hypothalamic pituitary adrenal axis after greater than one week of therapy, may require additional steroid coverage for intercurrent illnesses
- Hemat: leukemoid reaction (transient increase in white blood cell count not due to infection)
- Metab: hyperglycemia
- Neuro: headache, seizures, mental disturbances, mood changes, restlessness, vertigo
- Renal: sodium or fluid retention, potassium and calcium loss
- Local: indurations and pain at injection site, sterile abscesses
- Other: increases susceptibility to and masks symptoms of infection

CAUTION:

- avoid abrupt discontinuation in patients who have received steroids for greater than 1 week
- avoid ambulation if vertigo occurs

CONTRAINDICATIONS:

- peptic ulcer disease
- uncontrolled fungal infections
- hypersensitivity to dexamethasone or any component of the product