



## REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

## labetalol



**Effective Date:** Dec 2011

CLASSIFICATION

OTHER NAMES

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Revised Date: Nov13-2013

Antihypertensive

**Trandate** 

1 of 2

**ADMINISTRATION POLICY:** 

IV infusion – May be administered by a nurse

IV bolus - May be administered by a nurse - physician must be present

RECONSTITUTION/DILUTION/ADMINISTRATION:

**Available as:** 5 mg/mL - 20 mL multidose vial

**IV bolus:** Administer over 2-5 minutes

**Intermittent:** Administer undiluted OR diluted in convenient volume of compatible IV solution over 15 minutes

**IV** infusion: May administer undiluted OR diluted in convenient volume of compatible IV solution.

Add 10 mL of labetalol 5 mg/mL in a 50 mL normal saline minibag. Diluent volume: 60 mL Final concentration: 0.84 mg/mL

**Central:** No special considerations

**Maximum concentration:** 5 mg/mL

**DOSAGE:** 

**NOTE:** Limited published data on the use of labetalol IV in pediatric patients

**Hypertensive Emergency** 

IV bolus or intermittent: Initial: Child: 0.2 – 0.6 mg/kg/dose (maximum 20 mg/dose)

Repeat every 15 minutes PRN (maximum 3.5 mg/kg/total loading dose)

Adolescent: 5-20 mg, then 10-40 mg every 10 minutes PRN until BP response

achieved (maximum: 300 mg/total loading dose)

Hypertension

IV intermittent: Child: 0.3 - 0.6 mg/kg/dose q 6 - 12 hours

Adolescent: Limited data; up to 300 mg/24 hours divided every 6 – 12 hours

IV infusion: Child: Initial: 1 mg/kg/hour

Increase by 0.5 mg/kg/hour every 12 - 24 hours

Maximum: 3 mg/kg/hour

Adolescent: 0.5 - 2 mg/minute. Titrate to BP response

Renal impairment: No dosage adjustment required

**Hepatic impairment:** Dosage adjustment may be required in severe impairment; titrate to BP, start with low dose

**Obesity:** No data





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#### STABILITY/COMPATIBILITY:

**Stability of opened vial:** 30 days at room temperature **Stability of Final Admixture:** 24 hours at room temperature

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

Incompatible with insulin

### PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CV: Hypotension, postural hypotension, angina, severe bradycardia, AV conduction disturbances, dysrhythmias, congestive heart failure
- GI: Nausea, vomiting, abdominal pain, dyspepsia, taste change, dry mouth
- Neuro: (Secondary to cerebral hypoperfusion from rapid BP reduction) fatigue, headache, dizziness, confusion, decreased level of consciousness, blurred vision, sweating, vivid dreams
- Resp: Dyspnea, nasal congestion, wheezing, bronchospasm
- Local: Scalp tingling (with initial and loading dose), pruritus, rash
- Other: Dysuria, pedal edema
- Avoid abrupt discontinuation of medication, especially after more than 48 hours of therapy
- Contraindicated: Negative inotropic and dromotropic (nerve conduction) effects: Patients with asthma, chronic lung disease, overt cardiac failure, 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, cardiogenic shock or severe bradycardia

#### ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Half-life (children, adolescents): 5 8 hours
- Decreased elimination in neonates and infants
- Onset of action: IV bolus, Intermittent: 5 minutes
- Maximal BP decrease: IV bolus, Intermittent: 5-15 minutes post-dose; IV infusion: 12-24 hours
- Required monitoring

Due to risk of postural hypotension, maintain patient in supine position for a least 3 hours following initial or loading doses

BP, HR, Oxygen saturation, level of consciousness, respiratory rate and rhythm: Baseline, repeat at 5, 10 and 20 minutes after each initial or loading dose (maximal BP decrease at 5 - 15 minutes post-dose)

Intermittent maintenance dose: Repeat at least every 6 hours pre-dose and 15 minutes post-dose Infusion: Repeat at least every 6 hours; continuous monitoring preferred

BP, HR (on discontinuation of infusions greater than 48 hours): Every 5 minutes x 30 minutes, every 30 minutes x 2 hours, then every hour x 6 hours

#### Hypertensive emergencies

12-lead ECG to detect conduction or ischemic cardiac changes: Baseline, 10 minutes post-initial or loading dose and at 15-24 hours if patient received a continuous infusion