REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

levETIRAcetam

Effective Date: Sept 23 2021 Revised Date:	CLASSIFICATION **Anticonvulsant**	OTHER NAMES **Keppra**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV bolus - Do NOT administer
IV Infusion – May be administered by a nurse
IM Injection – Not recommended
Subcut - Not recommended

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL

Intermittent:

Dose	Diluent volume (normal saline)
Less than 400 mg	25 mL
401 to 1000 mg	50 mL
1001 to 1900 mg	100 mL
Greater than 1900 mg	250 mL

Over 15 minutes, but in status epilepticus at 2 to 5 mg/kg/min

Maximum concentration: 25 mg/mL (fluid restricted patients)
Usual IV concentration: 15 mg/mL
Maximum rate: over 15 minutes (except in status epilepticus: 5 mg/kg/min)

DOSAGE:

NOTE: when switching from oral to IV, same dosage and frequency can be used.

Seizures:

Neonatal: Loading dose (optional): 20 to 50 mg/kg
10 mg/kg/day divided every 12 hours, increase by 10 mg/kg/day over 3 days to 30 mg/kg/day divided every 12 hours.
Maximum daily dose: 60 mg/kg/day

Children: 10 mg/kg/dose twice daily initially, increase gradually by maximum 10 mg/kg every 12 hours every 2 weeks
Maximum daily dose: greater than 6 months to 4 years of age: 50 mg/kg/day
4 years of age to adolescent: 60 mg/kg/day or 3000 mg/day

Adolescent: 250 to 500 mg every 12 hours initially, increase gradually by 500 mg twice daily every 2 weeks to usual maximum of 1500 mg every 12 hours

Status epilepticus:

Infants/children/adolescents: Loading dose: 60 mg/kg/dose (maximum 4500 mg)
Maintenance dose: 30 to 60 mg/kg/day divided every 12 hours

Renal Impairment: adjustment necessary
Hepatic Impairment: no adjustment necessary

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STABILITY/COMPATIBILITY:

Stability of open vial: discard unused solution
Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W, lactated Ringer

POTENTIAL HAZARDS:
Data limited with IV administration in children less than 16 years of age; however, safely used in clinical trials
• CV: elevated diastolic blood pressure in infants 1 month to less than 4 years of age
• GI: nausea, vomiting, decreased appetite
• Respiratory: cough, nasal congestion
• Dermatologic: rash, toxic epidermal necrolysis, Stevens-Johnson syndrome
• Hematologic: anemia, leukopenia, neutropenia, thrombocytopenia
• Hypersensitivity reactions: potentially life-threatening hypersensitivity reactions, including anaphylaxis, angioedema, hypotension, hives, rash and respiratory distress may occur after the first dose or at any time during treatment
• Psychiatric: psychosis, paranoia, hallucinations, aggression/hostility (more common in children than adults) and behavioral abnormalities
• Anticonvulsants should not be discontinued; therapy should be withdrawn gradually to minimize the potential of increase seizure frequency, unless safety concerns require a more rapid withdrawal