REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

ondansetron

HIGH ALERT DOUBLE CHECK

Effective Date: Nov 18 2020 **Revised Date:**	CLASSIFICATION **Antiemetic**	OTHER NAMES **Zofran**	PAGE 1 of 2

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: 2 mg/mL - 2 mL, 4 mL single dose vial

Intermittent: Dilute in convenient amount of compatible IV solution, infuse over 15-30 minutes

IM: Administer undiluted for doses equal to or less than 8 mg into a large muscle mass

IV Bolus: Administer undiluted for doses equal to or less than 8 mg over 2-5 minutes

Maximum rate: For doses less than or equal 0.1 mg/kg (max 4 mg): administer dose over 5 minutes
For doses greater than 0.1 mg/kg: administer dose over 15 minutes

DOSAGE:

Postoperative nausea and vomiting:

Infant 1-24 months: 0.1 mg/kg/dose IV every 12h x 1 – 2 doses
Child greater than or equal to 2 years: 0.1 mg/kg/dose IV every 8-12 h x 3 doses total
Adolescent: 4 mg/dose IV/IM every 8-12h x 3 doses total
Maximum Single Dose: 4 mg/dose

Gastroenteritis:

Child greater than or equal to 1 month: 0.15 – 0.3 mg/kg/dose IV every 8h x 1 or 2 doses total
Maximum Single Dose: 8 mg/dose

Renal Impairment: No adjustment needed but use with caution if impairment severe
Hepatic Impairment: Dose reduction necessary in patients with severe hepatic failure

Maximum concentration: 2 mg/mL

STABILITY/COMPATIBILITY:

Stability of final admixture: 24 hour room temperature
Compatibility: Compatible with normal saline, D5W, dextrose saline combinations, Lactated Ringer, 0.45% sodium chloride

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Potential Hazards:

- Dose reduction necessary in patients with severe hepatic failure
- Contraindications: congenital long QT syndrome, hypersensitivity to ondansetron or other 5-HT3 receptor antagonists
- Baseline serum potassium, magnesium and calcium is recommended
- Consider EKG monitoring in select patients
- Cardiovascular: QT prolongation and torsade de pointes have been reported; monitoring recommended in patients with electrolyte abnormalities (for example, hypokalemia or hypomagnesemia), congestive heart failure, bradyarrhythmias, and concomitant use of QT-prolonging medications
- Monitor patients for signs of serotonin syndrome, including mental status changes (eg, agitation, hallucinations, delirium, coma); autonomic instability (eg, tachycardia, labile blood pressure, diaphoresis, dizziness, flushing, hyperthermia); neuromuscular changes (eg, tremor, rigidity, myoclonus, hyperreflexia, incoordination); gastrointestinal symptoms (eg, nausea, vomiting, diarrhea); and/or seizures.

Contraindications:

- Hypersensitivity to ondansetron