



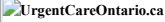
Please see the COVID-19 section of our website for up-to-date information.

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PHENOBARBITAL SODIUM

Name:	PHENOBARBITAL SODIUM
Classification:	<i>barbiturate; anticonvulsant</i> - sedative - used to treat seizures that fail to respond to phenytoin This is a Tier 3 drug and only approved physicians may order
Dose:	For Refractory Status Epilepticus: Loading Dose: 10 - 15 mg/kg IV (reduce to 5-10 mg/kg IV for patients with hypotension). Administer slowly over 1 hour. Infusion: Start at 0.5 - 1 mg/kg/hour and titrate slowly to a maximum dose of 0.5 - 10 mg/kg/hour as required to maintain a desired interburst interval (period of suppression on a continuous EEG)
Administration:	IV direct: - undiluted OR diluted to 10mL with sodium chloride 0.9%, dextrose 5% or Ringer's Lactate Do not administer faster than 50 mg/minute IV Infusion: 1000 mg in 250 mL (4 mg/mL) sodium chloride 0.9%, dextrose 5% or Ringer's Lactate
Adverse Effects:	respiratory depression - laryngospasm, bronchospasm, angioedema - apnea especially if administered too rapidly bradycardia hypotension and cardiovascular depression; caution in patients with cardiovascular disease - solution is very alkaline; extravasation may produce tissue necrosis and thrombophlebitis - intra-arterial injection may cause severe pain with reactions ranging from transient pain to gangrene - skin rashes
Drug Interactions:	- phenobarbital + beta adrenergic blockers (eg. propranolol) = decreased beta blocker effect - phenobarbital + haloperidol = decreased haloperidol effect - phenobarbital + meperidine = increased meperidine CNS depression (increased production of normeperidine) - phenobarbital + theophylline = decreased theophylline effect
Monitoring Therapy:	- respiratory rate and breath sounds; rapid IV administration may cause laryngospasm or bronchospasm - blood pressure - continuous HR and rhythm - ICP and CPP if indicated - Continuous EEG - Mechanical ventilation with continuous End Tidal CO₂ and pulse oximetry monitoring serum concentrations, therapeutic 65-170 uM/L (pre-dose), toxic >215 uM/L administration site
CCTC Protocol:	- May be administered IV direct or by IV infusion by a nurse in Adult Critical Care provided that an MD administered the first dose - Administer via Central Venous Line - Continuous infusions must be administered by infusion device and the pump library must be enabled

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Last Update: October 11, 2018

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