Pennine Acute Hospitals NHS Trust

Adult Loading Doses Policy: EDT017 V2.1

AMINOPHYLLINE

INDICATION	Severe reversible airway obstruction unresponsive to
	conventional therapies, ONLY after consultation with
	senior medical staff.

PRESENTATION 250mg / 10mL ampoules

IS THE PATIENT OBESE (BMI >30)? If YES use IDEAL BODY WEIGHT (see calculation below)

LOADING DOSE	<u>NOT</u> to be given if patient already taking oral aminophylline or theophylline and had a dose in last 24 hours	IV: 5mg / kg (MAX 500mg)
MAINTENANCE DOSE	Elderly or heart failure Non-smoker Smoker	IV: 0.3mg / kg / hour IV: 0.5mg / kg / hour IV: 0.8mg / kg / hour
IDEAL BODY WEIGHT CALCULATION (kg)	<i>MEN</i> : 50 + (2.3 x height in inches > WOMEN: 45 + (2.3 x height in inch	
RECONSTITUTION & ADMINISTRATION	The loading dose should be added the chloride 0.9% and administered over	
	For the maintenance doses, add 50 to 500mg of sodium chloride 0.9% c create a 1mg/mL solution.	
	See administration chart overleat	F
MONITORING	 Serum theophylline levels must be 6 hours after starting the infusior then at least every 24 hours whil or at any point if toxicity suspect 	า lst on the infusion
	The therapeutic range is usually 10- In asthma therapeutic benefit is see and is associated with fewer side ef Infusion rates should be adjusted ac regarding levels, contact your ward Medicines Information department.	en between 5-15mg/L fects. ccordingly. For advice
OTHER COMMENTS	Theophylline is the active constituer and this is measured in the serum. Theophylline interacts with many oth ciprofloxacin, clarithromycin, erythro carbamazepine) which can lead to t consult BNF for full details. Signs of toxicity include: nausea, tag arrhythmias and convulsions.	her drugs (eg: omycin, heophylline toxicity –
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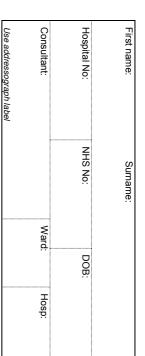
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*Delete as required

Expiry date: 05/09/2017

		a	Dee Ovel Ie	See overlear for prescribility guidelines							
LOADING D	LOADING DOSE: 5mg/kg over 20 minutes	No loading dose if already taking theophyline or aminophyline	se if already	v taking theo	ohyline or an	ninophyline		ADMI	ADMINISTRATION RECORD	RECORD	
Date:					Sign	Pharm	Batch	Start	Sign	Volume	Stop
	Aminophyllinemg in 100mL sodium chloride 0.9% over 20minutes	sodium chloride (0.9% over :	20minutes					Witness		
		Patient		Dose	40kg 50kg	60kg 7	70kg 80kg	^{90kg} I	Initial maintenance infusion rate	nance infu	sion rate
MAINTEN	MAINTENANCE DOSE	Elderly or Heart Failure		0.3mg/kg/hour	12 15	18	21 24	27 i	in mL/hour.		
		Non-Smoking Adult	0.5	0.5mg/kg/hour	20 25	30	35 40	45			
		Smoking Adult	0.8r	0.8mg/kg/hour	32 40	48	56 64	72 U	Use ideal body weight for obese patients	ight for obese	patients
Date:	Aminophylline 500mg in 500mL sodium chloride	dium chloride	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Volume	Time completed
	0.9%* or glucose 5%*		mg/kg/hr	mL/hour					Witness		-
Check theop	Check theophylline level 6 hours after loading dose. THEOPHYLLINE LEVEL	<i>tose.</i> THEOPH1	YLLINE LE	EVEL Dat	Date and time taken:	taken:			Level:	el:	mg/L
Date:	Aminophylline 500mg in 500mL sodium chloride	dium chloride	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Volume	Time completed
			mg/kg/hr	mL/hour							
		THEOPHYLLINE	YLLINE LE	LEVEL Date and time taken:	e and time	taken:			Level:	el:	mg/L
Date:	Aminophylline 500mg in 500mL sodium chloride	dium chloride	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Volume	Time
	0.9%* or glucose 5%*		mg/kg/hr	mL/hour					Witness		-
		THEOPHY	YLLINE LE	THEOPHYLLINE LEVEL Date and time taken:	e and time	taken:			Level:	el:	mg/L
Date:	Aminophylline 500mg in 500mL sodium chloride	dium chloride	Dose	Rate	Sign	Pharm	Batch	Start	Sign	Volume	Time completed
	0.9%* or glucose 5%*		mg/kg/hr	mL/hour					Witness		
		THEOPHYLLINE LEVEL	YLLINE LE		Date and time taken:	taken:			Level:	/el:	mg/L
*Delete as required	auired INFUSION BAGS SHOULD BE CHANGED AT LEAST EVERY 24 HOURS AS PER TRUST POLICY	SHOULD BE C	HANGED	AT LEAS	r every 2	4 HOURS	AS PER TF	RUST POI	LICY		WPH549

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See overleaf for prescribing guidelines

Pennine Acute Hospitals NHS Trust

The Pennine Acute Hospitals

NHS Trust

ALLERGY STATUS: Medicine / Substance

Reaction

Sign (NAME)

Date

SHN

Patient weight:

бg

Ideal body weight:

ő

Administration Record Intravenous Infusion AMINOPHYLLINE