LRI ED prescribing aid for dinoprostone ('Prostin E2') to prevent ductus arteriosus closure in neonates

Notes

This document covers prescription, preparation and administration of an intermediate-dose dinoprostone (aka Prostin E2) infusion (10-100nanogram/kg/min) for use in the ED and during subsequent transfers It complements the Children's Hospital's 'Procedure for IV administration of dinoprostone'

Preparations

- In the table below, tick patient's weight
- Clinician to prescribe required total dose of dinoprostone shown in Column
 on the fluid page of a drug chart as per example prescription

Patient weight	Dose	Volume				
kg	1 microgram	mL from 100 microgram/mL solution as above				
2.0	120	1.2				
2.5	150	1.5				
3.0	180	1.8				
3.5	210	2.1				
4.0	240	2.4				
4.5	270	2.7				
5.0	300	3.0				

- Find dinoprostone (box will say 'Prostin E2') 0.75mg in 0.75mL ampoule in ER fridge (concentration 1mg/mL)
- Using a 5mL syringe, dilute 0.5mL of dinoprostone from the vial with 4.5mL sodium chloride 0.9% (concentration now 100microgram/mL)
- From the 5mL syringe, withdraw required volume of dinoprostone shown in Column (0.6mL/kg = 60microgram/kg) using syringes of an appropriate size
- Make up to a total volume of 50mL with sodium chloride 0.9% in a 50mL syringe (concentration now 1.2microgram/kg/mL)
- Administer via syringe driver and dedicated IV cannula at an initial dose of 20nanogram/kg/min (see table below for required rate; **NB**: cardiologist might advise rapid upward titration)

Example prescription for a 3kg patient

PARENTERAL INFUSIONS											
	Infusion F	luid	Additions to Infusion							Signatures	
Date	Type/Strength	Vol.	Medicine	Dose	Route	Time to run or ml/hr	Prescriber	Fluid Batch No.	Start Time	Given by	Checked by
16/5/09	0.9% NaCl	50mL	DINOPROSTONE	180micrograms	IV	0.5-10mL/h	Name				

Rate of infusion

Intended dose nanogram/kg/min	Infusion rate
10	0.5
20	1.0
30	1.5
40	2.0
50	2.5
60	3.0
70	3.5
80	4.0
90	4.5
100	5.0

Martin Wiese .Version 16 . Approved by ED Guidelines Committeee on 27th April 2022 . Review due April 2025 . Trust Ref: C68/2016