

# West of Scotland NEONATAL Parenteral Drug Monographs

Neonatal

## Digoxin

**FORM** Ampoule containing 100micrograms/ml

**INDICATION** Control of specific arrhythmias

**DOSE RANGE**

**LOADING DOSE:** – NB: This should be administered in divided doses over 12 hours. Assess the clinical response before giving each additional dose.

AGE	DOSE	FREQUENCY	ROUTE
Neonate <1.5kg	10microgram/kg	Initial dose	IV infusion
	5microgram/kg	Second dose after 6 hours	IV infusion
	5microgram/kg	Third dose after a further 6 hours	IV infusion
Neonate 1.5kg to 2.5kg	15microgram/kg	Initial dose	IV infusion
	7.5microgram/kg	Second dose after 6 hours	IV infusion
	7.5microgram/kg	Third dose after a further 6 hours	IV infusion
Neonate > 2.5kg or infant 1 to 6months	17.5microgram/kg	Initial dose	IV infusion
	8.75microgram/kg	Second dose after 6 hours	IV infusion
	8.75microgram/kg	Third dose after a further 6 hours	IV infusion

**MAINTENANCE DOSE:** To start 12 hours after last loading dose

NB: Careful clinical observation and monitoring of serum digoxin levels should be used as a basis for adjustment of dosage.

AGE	DOSE	FREQUENCY	ROUTE
Neonate <1.5kg	2 to 3 microgram/kg/dose	* every 12 hours	IV infusion
Neonate 1.5kg to 2.5kg	2 to 3 microgram/kg/dose	* every 12 hours	IV infusion
Neonate > 2.5kg or infant 1 to 6 months	5microgram/kg/dose	* every 12 hours	IV infusion
> 6 months	See paediatric monographs		

\* The total daily dose may be given once a day

**RECONSTITUTION** Already in solution

**DILUTION**

NB: Always use lower strength paediatric injection (100microgram/ml)  
The injection may be given undiluted if given slowly over 10 minutes.  
If dilution is necessary for small doses dilute as follows

Digoxin paediatric 100microgram/ml	1ml
Compatible infusion solution (see below) e.g Glucose 5%	Up to 10ml total

Gives a 10microgram/ml solution. Use the required volume.

Dilution should be carried out immediately before use and any unused solution discarded

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## METHOD OF ADMINISTRATION

Draw up the required volume of the diluted / undiluted injection solution (see above) and administer slowly over 10 minutes.

## COMPATIBILITY

Solution compatibility	Glucose 5%, Sodium chloride 0.45%, Sodium chloride 0.9%
Solution incompatibility	
IV Line compatibility	Furosemide pH 6.8 - 7.2
IV Line incompatibility	Dobutamine, Doxapram

**THIS LIST IS NOT EXHAUSTIVE PLEASE CONTACT PHARMACY FOR FURTHER INFORMATION ON COMPATIBILITY WITH ANY MEDICINES NOT INCLUDED**

## CAUTIONS, CONTRA-INDICATIONS AND SIDE EFFECTS

- See Summary of Product Characteristics and most recent edition of BNF for Children (links below)

## FURTHER INFORMATION

- A plasma digoxin level should ideally be taken 6 hours after a dose and concentration maintained in the range of 0.8 - 2micrograms/L (see product literature for further information)
- The intramuscular (IM) route is painful and associated with tissue necrosis and therefore cannot be recommended.
- Bioavailability differs between preparations so ensure plasma monitoring when changing formulation.

## PH

No information

## LICENSED STATUS

Licensed for use in all ages.

## LINKS

[BNF for Children:](#) / [Electronic Medicines Compendium](#)

## APPLICABLE POLICIES

[West of Scotland Neonatal Guidelines:](#)

Consult local policy if applicable

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**Administer reconstituted solutions immediately.**

**All vials, ampoules and infusion bags are for single use only unless otherwise stated.**

Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications. This monograph should be used in conjunction with the package insert, BNF for Children, and Summary of Product Characteristics. For further advice contact your clinical pharmacist or pharmacy department.