

# Phenobarbital - Phenobarbitone

**FORM** Ampoule containing 60mg in 1ml

**INDICATION** 1. Control of neonatal seizures.  
2. Sedation in Neonatal abstinence syndrome.

**DOSE RANGE**

**Indication 1. Control of neonatal seizures.**

AGE	DOSE	FREQUENCY	ROUTE
Neonate Loading	20mg/kg/dose	Single *	IV
Maintenance**	2.5 - 5mg/kg/dose	1 dose daily	IV

\***LOADING DOSE** give 20mg/kg (given over 20minutes) if baby fitting. If fitting persists, give another 10mg/kg (given over 10 minutes) after 20 minutes. If fitting persists, a final 10mg/kg (given over 10 minutes) should be given after a further 20 minutes. Maximum total loading dose 40mg/kg. Care required as apnoea may be a problem.

\*\* see Neonatal seizures policy. Maintenance phenobarbital only to be used on direction of a Consultant Paediatrician. Maintenance dose commences 24 hours after loading dose.

\*Injection to be diluted before administration – see below\*

**Indication 2. Sedation in Neonatal abstinence syndrome.**

AGE	DOSE	FREQUENCY	ROUTE
Neonate Loading	15mg/kg/dose	Single	IV
Maintenance commenced 24 hours after loading dose	8mg/kg/dose	1 dose daily	IV

**RECONSTITUTION**

Already in solution – must be diluted prior to use

**DILUTION**

Phenobarbital injection (60mg in 1ml) 1ml  
Water for injection up to 6ml total  
Gives 10mg in 1ml solution for IV use. Use required volume.

For loading dose for babies >2.3kg use:

Phenobarbital injection(60mg in 1ml) 2ml  
Water for injection up to 12ml total  
Gives 10mg in 1ml solution for IV use. Use required volume.

**METHOD OF ADMINISTRATION**

For IV administration to be given slowly at a maximum rate of 1mg/kg/minute.

# West of Scotland NEONATAL Parenteral Drug Monographs

## COMPATIBILITY

<b>Solution compatibility</b>	sodium chloride 0.45%, sodium chloride 0.9%, glucose 5%, glucose 10%
<b>Solution incompatibility</b>	No information
<b>IV Line compatibility</b>	Aciclovir, caffeine citrate, calcium gluconate, dopamine, fluconazole, furosemide, meropenem, metronidazole, milrinone, potassium chloride sodium bicarbonate, vancomycin, vecuronium
<b>IV Line incompatibility</b>	adrenaline, cefotaxime, dobutamine, esmolol, midazolam, noradrenaline, phenytoin, pyridoxine

**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

Blood Levels-

- Approximate time to steady state is 10-14 days.
- Therapeutic range 15 to 40mg/Litre.
- Take trough sample, immediately prior to next dose.
- High extravasation risk.
- Phenobarbital reduces blood levels of Carbamazepine. The effect of Phenobarbital on Phenytoin levels is unpredictable therefore blood levels should be checked if this drug combination is initiated.
- As a general CNS depressant, Phenobarbital may produce respiratory depression requiring assisted ventilation.
- Contains propylene glycol 90%

**PH**

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**LICENSED STATUS**

Not licensed by IV route in children, nor for neonatal abstinence syndrome.

**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.