		Туре:	Document reference:	Manual Cla	ssification:	
Waikato District Health Board		Drug Guideline	0 0591		Waikato DHB Drug Guidelines	
Title:					Effective date:	
Caffeine Citrate for Neonates					8 June 2020	
Facilitator sign/date	Authorised sign/date	Authorised	Authorised sign/date		Page: 1 of 3	
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BRIEF ADMINISTRATION GUIDE

For detailed information refer to The Australasian Neonatal Medicines Formulary caffeine guideline

Critical Note: there are minor variations between the ANMF and Waikato DHB best practice within this drug guideline – see yellow shaded text

Indications:

- < 30 weeks gestation (neuroprotection)
- Apnoea of prematurity
- Weaning from mechanical ventilation
- Premedication for infants at risk of post-operative apnoea

Route:

- **Oral**. Supplied as caffeine citrate oral solution 20 mg/mL (supplied in 25mL bottle)
- **Intravenous**: peripheral, umbilical venous or central venous line catheter. Supplied as caffeine citrate injection 20 mg/mL (2.5mL amp)
- o Both preparations are unapproved medicines, available under Section 29
- o Both preparations are preservative free
- o pH of caffeine citrate adjusted to 4.7
- **Dose**: Note: caffeine citrate 2mg = caffeine base 1mg. State dose as caffeine citrate

For prevention of post-operative apnoea only a single dose of 10mg/kg is required. For all other indications both a loading and maintenance dose are required. Note: IV and oral doses are equivalent.

Loading dose: 20mg/kg of caffeine citrate

Maintenance dose: 10mg/kg (range 5 to 20 mg/kg) daily of caffeine citrate, adjusted based on response.

Administer once daily, at 0600. If loading dose given before 2200 hrs, start maintenance at 0600 next day. If loading dose given after 2200 hrs, miss the next 0600 hr dose and give a day later at 0600hrs (i.e. between 24 to 32 hours after the loading dose). Note: dose can be delayed if there is no IV access

Cessation of Cease as long as possible before discharge, review to stop at 34 weeks CGA with the aim to stop at 35 weeks CGA

Preparation and administration:

<u>Intravenous</u>

- Draw up the prescribed dose and dilute with compatible fluid (sodium chloride 0.9%, glucose 5%, or glucose 10%) to desired volume e.g. 1.6 mL for slow infusion
- Administer loading dose over at least 30 minutes and maintenance dose over 15-30 minutes via Guardrails profiled syringe driver using the NICU <u>slow infusion procedure</u> (#4360)

<u>Oral</u>

- Draw up appropriate volume in an oral syringe. Dilute with sterile water in a ratio of 1:2.
- Consider administration with feeds to reduce gastric irritation.
- Store oral solution at room temperature

Monitoring:

Minimum monitoring is continuous pulse oximetry

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- Additional monitoring as the patient's condition indicates
- Symptoms suggestive of caffeine-induced toxicity (e.g. tachycardia, tachypnoea, jitteriness, tremors, and unexplained seizures and vomiting)

Note: therapeutic drug monitoring is available but is considered unnecessary for most patients.

Competency for Administration

This procedure is carried out by, or under, the direct supervision of a registered nurse/registered midwife who holds current Waikato DHB Generic Medicine Management and IV certification plus Guardrails competency (if administering IV) as well as Neonatal specific competency NCV/NAC (if administering via CVAD).

Guardrails Information

Caffeine citrate is Guardrail profiled on the CC pump for NICU. Following are the guardrail limits: Note: limits in brackets are valid at the start of 2020 but will be updated to those outside the brackets during 2020

Guardrails Drug Name Pump	Caffeine Cit (loa	ad)*				
•		0.4-1kg	1-2kg	2-3kg & 3-	5kg	
Concentration (mg/ml)		-	-	-	-	
Minimum		5	12.5	19.9		
Maximum		12.5	20	20		
Administration Rate (mg/kg/h)						
Soft minimum		39	39	39		
Default		40	40	40		
Soft maximum		41	41	41		
Hard maximum		42	42	42		
Guardrails Drug Name	Caffeine Cit(ma	int)*				
Pump	CC					
		0.4-1kg	1-2kg	2-3kg	3-5kg	
Concentration (mg/ml)						
Minimum		1.25	3.12	6.25	9.37	
Maximum		12.5 (6.25)	20 (12.5)	20 (18.8)	20	
Administration Rate (mg/kg/h)						
Soft minimum		19 (9)	19 (9)	19 (9)	19 (9)	
Default		40 (10)	40 (10)	40 (10)	40 (10)	
Soft maximum		80 (21)	80 (21)	80 (21)	80 (21)	
Hard maximum		82 (60)	82 (60)	82 (60)	82 (60)	

Associated Documents

- Caffeine Citrate Oral Solution. Quality Use of Medicines Medication Alert; Alert 13, October 2011.
- Waikato DHB NICU "to give slow infusion / intermittent infusion" procedure. Document ref. 4360.
- Waikato DHB NICU guideline "Dilution of oral medication and osmolality management"

References

- Australian Neonatal Medicines Formulary. Caffeine Drug Guideline. February 2016. Available from: <u>https://www.slhd.nsw.gov.au/rpa/neonatal/NeoMedPaperCopy.html</u>
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- Phelps SJ, Hagemann TM, Lee KR, Thompson AJ. The Teddy Bear Book: Pediatric Injectable Drugs. 11th edition. American Society of Health-System Pharmacists; 2018.
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- Canterbury DHB Neonatal Services. Caffeine citrate Drug Information Sheet. March 2016. Available from https://cdhb.health.nz/wp-content/uploads/cead34ad-caffeine-citrate-236657.pdf
- Waikato DHB. Guardrails Database. 2018.

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