Waikato District Health Board	Type: **Drug Guideline**	Document reference: **2961**	Manual Classification: **Waikato DHB Drug Guidelines**
Title: **Omeprazole for Neonates**			Effective date: **15 March 2021**
Facilitator sign/date *Kerrie Knox* ***Pharmacist***	Authorised sign/date *Jutta van den Boom* ***Clinical Director NICU***	Authorised sign/date *John Barnard* ***Chair Medicines &Therapeutics***	Version: **2** / Page: **1 of 2** Document expiry date: **15 March 2024**

BRIEF ADMINISTRATION GUIDE

For detailed information refer to The Australasian Neonatal Medicines Formulary **omeprazole** guideline

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

Indications:
- Significant gastro-oesophageal reflux (usually oral administration)
  Note: careful consideration to use required in preterm infants
- Acute upper gastro-intestinal haemorrhage (IV administration)

Route: Oral, intravenous (or umbilical arterial catheter)

- Oral supplied as omeprazole 2 mg/mL suspension
  - The Biomed omeprazole oral suspension is an unregistered medicine available under Section 29 of the Medicines Act. Names of patient and doctor prescribing must be sent to Pharmacy when ordering

- Injection supplied as omeprazole 40 mg vial, powder for reconstitution
  - Not approved in NZ for children, therefore use is considered "off-license"
  - pH 9-11 (adjusted with sodium hydroxide)

Dose: **Oral:** usually 1 – 2 mg/kg (range 0.7 - 2.8 mg/kg) once daily

Intravenous: initially 0.5 mg/kg once daily. Maximum 2 mg/kg/day.

Preparation and administration

Oral
- Shake suspension well then draw up the required dose in an oral syringe.
- Either administer undiluted or dilute with sterile water or milk. After mixing administer immediately.
- For best effect give 15-30 minutes before a feed

Intravenous Infusion
- Add 5 mL of sodium chloride 0.9% or glucose 5% to the omeprazole vial and shake gently to dissolve. The resulting solution contains 8 mg/mL omeprazole.
- Take 0.5 mL of solution from the vial and make up to 10 mL with compatible fluid to make a final concentration of **0.4 mg/mL**
- Withdraw dose required and **infuse over 20 to 30 minutes**

Compatible fluids: glucose 5%, sodium chloride 0.9%

Monitoring

- Symptomatic improvement
- Routine observations as relevant for patients condition
- Serum magnesium every 2 to 4 weeks

Storage and Stability

Dilutions of the IV preparation are stable for up to 6 hours at room temperature.

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

Omeprazole is not currently Guardrail profiled on the CC pump for NICU. Consideration will be given to including it at the next upload.

References

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