METARAMINOL (Aramine)

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

Action:
- A potent sympathomimetic amine that increases both systolic and diastolic blood pressure due to its peripheral vasoconstrictor action.
- The pressor effect begins one to two minutes after intravenous injection and lasts about 20 minutes to one hour.
- It is used to prevent and treat acute hypotensive states occurring with spinal anaesthesia, haemorrhage, reactions to medications, surgical complications and shock associated with brain damage due to tumour or trauma.

Contraindications:
- Hypersensitivity

Adverse reactions:
- Avoid excessive blood pressure response causing acute pulmonary oedema, cardiac arrhythmias or arrest.
- Prolonged usage may cause excessive vasopressor response with elevated blood pressure even when therapy is discontinued.
- Because of the vasoconstrictor effect it should be used with caution in the presence of heart or thyroid disease, hypertension or diabetes.
- Tissue necrosis if extravasation occurs.
- Long periods of usage which may cause perpetuation of shock state due to vasoconstriction. Therefore blood or plasma volume expanders should be used when the principle reason for hypotension or shock is decreased circulating volume.

Prescription:
- Prescribed by an Anaesthetic Registrar onto the Fluid orders or HDU chart with desired parameters and titration documented.

IV infusion:
- Dilute 50mg of Metaraminol in 50mls of N/Saline and deliver through a syringe driver to maintain a constant delivery.
- **It is infused via a dedicated lumen-peripheral or central. Do not attach to a two way infusion as an inadvertent bolus may be delivered.**
- An arterial line is inserted to observe blood pressure closely.
- Reconstitute and deliver as per the RHW medications Local operating Procedure.
- The infusion is increased or decreased by 1ml every 20 minutes to meet the prescribed parameters.

Presentation:
- 10mg/ml
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Observations:
- Patient is placed on continuous ECG, O₂ saturation monitoring. Blood pressure is documented 15 minutely on the HDU chart until stable and then taken and documented hourly.

Precautions:
- Avoid abrupt withdrawal.
- Use cautiously in pts with asthma due to risk of allergy to sulphides.
- Used with caution in digitalised patients, since the combination of digitalis and sympathomimetic amines is capable of causing ectopic arrhythmic activity.
- Monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs) have been reported to potentiate the action of sympathomimetic amines.

Use in pregnancy (Category C)
- There are no well controlled studies in pregnant women. Metaraminol may cause fetal hypoxia by constricting the uterine vessels thereby limiting placental perfusion. Metaraminol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Use in Lactation
- It is not known whether Metaraminol is secreted in human milk.

References: