

METARAMINOL INFUSION

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.

1. AIM

- To safely prescribe and administer metaraminol infusion.

2. PATIENT

- Woman requiring treatment of hypotension occurring with spinal anaesthesia, haemorrhage, reactions to medications, surgical complications and shock associated with brain damage due to tumour or trauma.

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Metaraminol 10 mg/mL ampoule

5. CLINICAL PRACTICE

Prescribing:

- Prescribe 50mg metaraminol in 50mL sodium chloride 0.9% onto the NSW Health Fluid Chart or fluid order section of the Obstetric & Gynaecological HDU High Acuity Chart.
- Document the parameters by which nursing staff are permitted to titrate the rate of infusion.
- Must be prescribed in consultation with an anaesthetic registrar.

Administration:

- Draw up 50mg of metaraminol and make up to 50 mL with sodium chloride 0.9% to make a 1 mg/mL solution.
- Deliver through a syringe driver to maintain a constant delivery.
- Infuse via a dedicated line. Do not attach a two way infusion as an inadvertent bolus may be delivered.
- Ensure an arterial line is inserted to observe blood pressure closely.
- Titrate the infusion (either increasing or decreasing) by 1 mL every 20 minutes to meet the prescribed parameters

Monitoring:

- Monitor patients requiring metaraminol infusions in the Acute Care Centre.
- Ensure patient is placed on continuous ECG and oxygen saturation monitor.
- Monitor Blood Pressure (BP) every 15 minutes until stable and then monitor BP every hour.

6. DOCUMENTATION

- Integrated Clinical Notes
- Medication Chart
- Observation Chart
- Obstetric & Gynaecological HDU High Acuity Chart
- NSW Health Fluid Chart

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
5/5/16

METARAMINOL INFUSION cont'd

7. EDUCATIONAL NOTES

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.

Contraindications:

- Hypersensitivity

Precautions:

- Avoid abrupt withdrawal.
- Use cautiously in patients 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.

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.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Medication- Administration
- Labelling of injectable medicines, lines, fluids
- [Acute Care – Patient Acuity Guide](#)

9. RISK RATING

- High

10. NATIONAL STANDARD

- Medication Safety

11. REFERENCES

Australian Injectable Drugs Handbook, 6th Edition, Society of Hospital Pharmacists of Australia 2015.
MIMS online accessed via CIAP on 1/3/16

REVISION & APPROVAL HISTORY

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