

HNE AREA Intensive Care

Approved For: JHH ICU and HDU

NIMODIPINE

Trade Name: Nimotop

Presentation: Tablets 30mg , Intravenous solution 10mg/50ml

Indications: Calcium channel blocker for the reduction of severity of cerebral artery vasospasm following subarachnoid haemorrhage. All Patients admitted with proven SAH from proven or suspected cerebral artery aneurysm should be commenced on nimodipine within 48 hours of arrival.

Administration: **Oral Nimodipine** should be administered orally or enterally if GIT absorption is intact(1).If alert then can be administered as tablets orally 60mg every 4 hours if possible before food. If reduced Consciousness administer via Nasogastric tube if absorbing feeds. Feeds do not need to be ceased(ref MIMS prescribing)

Intravenous Nimodipine is not an emergency drug and should only be started after adequate clinical assessment and imaging. Where necessary the patients condition should be stabilised before starting this drug.

1. Draw up drug undiluted in standard IVAC syringe and low absorption giving set.
2. Administer via central line(multi-lumen) with 3 way tap. A co-infusion of maintenance fluid of at least 40ml/hr must be administered through the same lumen to prevent crystal precipitation.
3. The target infusion rate must be approached slowly and hypotension avoided
4. Duration 7 to 21 days and for at least 5 days following aneurysm surgery
5. Withdrawal: the patient should be observed for signs of neurological deterioration during withdrawal. This should be done slowly ,with decrements of 1ml/hr

Dosage(ml/hr)

	50kg	70kg	100kg
1st hour	2.0	2.5	4.0
2nd hour	4	5	7
3rd hour	7.5	10	15

Absolute maximum dose is 15ml/hr, and this should be where severe delayed ischaemic disability is developing

Dose

Precautions **Monitoring:** BP should be checked every 15 minutes until full dosage has been established. If hypotension occurs, CVP should be transduced to assist fluid loading

Precaution in:

- Haemodynamic instability
- Heart failure
- Lung disease - may worsen hypoxia

Contraindicated in:

- Moribund patient, not expected to survive (grade5)
- Untreated raised ICP
- Severe liver disease(e.g. cirrhosis)

Compatibilities: Avoid other calcium antagonists,

Created: 01-Nov-98 by Dr M Rowley Reviewed: 01-May-09 by Dr K Havill & Neurosurgery Dept Guideline to be reviewed before : 01-Jan-10

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines