Octreotide for Chylothorax

This monograph should be used in conjunction with the Paediatric Cardiology Guidelines on the Use of Octreotide for Treatment of Post-operative Chylothorax accessed via the PICU netformulary intranet page.

Dose:
1-4 microgram/kg/hour
Doses of up to 10 microgram/kg/hour have been used but this must be on consultant advice only

Route of administration:
Continuous intravenous infusion
In certain circumstances, octreotide can be given by subcutaneous injection, consult guideline for dosing information
Preferably administer via a central line

Products available:
50 microgram/mL vials
100 microgram/mL vials

To prepare an infusion:
Dilute each mL of octreotide with 1-9 mL sodium chloride 0.9%.
Do not dilute with glucose 5%.
For example, to prepare a 10 microgram/mL infusion, add 1 mL of octreotide 50 microgram/mL to 4 mL sodium chloride 0.9%.
To prepare a 20 microgram/mL infusion, add 1 mL of octreotide 100 microgram/mL to 4 mL sodium chloride 0.9%.

Once diluted, infusions are only stable for 8 hours

How to prescribe:
Prescribe the continuous infusion on an LTH Critical Care Intravenous Infusion prescription sheet. Document the amount (in microgram) of octreotide and the volume (in mL) it should be made up to. Ensure that sodium chloride 0.9% is prescribed as the diluent on the prescription sheet and state the dose range required.

Compatibilities:
Heparin (in sodium chloride 0.9% only)

Incompatibilities:
Glucose 5%
If there is no compatibility information for specific drugs, do not assume compatibility.

Notes:
Octreotide should be weaned over 2-4 days prior to stopping

References:

Provenance
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