

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- See monitoring requirements
- In situations where the inhaled route is not appropriate for bronchodilation, **the preferred route is the intramuscular or subcutaneous route**
- Terbutaline (and other Beta<sub>2</sub> agonists) are no longer recommended for inhibiting pre-term labour. Use of high-dose short acting beta<sub>2</sub> agonists in obstetric indications has been associated with serious, sometimes fatal cardiovascular events in the mother and fetus, particularly when used for a prolonged period of time <sup>(ref BNF)</sup>

## Available preparations

Bricanyl 2,500 microgram per **5mL** ampoule (2.5mg in 5mL) <sup>(unlicensed)</sup>

Bricanyl 500 microgram per **1mL** ampoule

## Reconstitution

Already in solution

- **Draw up using a 5 micron filter needle**

## Infusion fluids

Glucose 5% or Sodium chloride 0.9%

## Methods of intravenous administration

### Bronchodilator dose

- **Slow intravenous injection**
  - Give slowly over at least 3 minutes, noting patient response
  - It may be diluted to 10mL with infusion fluid if required, to facilitate slow administration <sup>(ref 1)</sup>
- **Continuous intravenous infusion (administer using an electronically controlled infusion device)**
  - Add 1.5 to 2.5mg to 500mL infusion fluid and administer over several hours (see 'dose')

## Dose in adults

### Bronchodilator dose

- Slow intravenous injection dose: 0.25 to 0.5mg up to four times daily
- Infusion dose: Add 1.5 to 2.5mg to 500mL infusion fluid and administer at 30 to 60mL/hour for 8 to 10 hours (more than one bag may be required depending on each patients individual requirements)

## Monitoring

- Patients at risk of hypokalaemia should have serum potassium levels monitored
- Diabetic patients should have additional blood glucose measurements performed when therapy is initiated
- Lactic acidosis has been reported with high doses of intravenous terbutaline, particularly in patients being treated for acute asthma exacerbation

## Storage

Store below 25°C

## References

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1: Local expert opinion - stable in these fluids, and slow administration otherwise difficult with small volumes

## Therapeutic classification

Selective beta2-adrenoreceptor agonist