

## Who can administer

Registered competent doctor or nurse/midwife

## Important information

- **Has been unavailable in UCHG for many years - due to manufacturing problems**
- **Unlicensed** preparation
- **Atropine** injection **must be available** when edrophonium is being used to avoid severe muscarinic reactions, which may be fatal (ref 2)
- Facilities for resuscitation should always be available
- Use with extreme caution in patients with asthma

## Available preparations

Edrophonium 10mg per 1ml ampoule (Alliance pharmaceuticals)

Edrophonium 25mg per 2ml ampoule (Anticlude)

Enlon 150mg per 15ml multidose vial (10mg per ml)

## Reconstitution

Already in solution

**Ampoule: Draw up using a 5 micron filter needle**

## Methods of intravenous administration

### **Bolus intravenous injection**

- Administer required dose over 15 to 30 seconds (ref 1)
- See under Dose for details

## Dose in adults

### **Diagnostic test for myasthenia gravis** (ref 1)

- Dosing in prescribing information may not reflect current clinical practice
- Methods vary in regards to the initial and repeat doses
- However, all regimens utilise a **maximum cumulative dose of 10mg** and emphasise that the incremental administration is to help avoid excessive muscarinic side effects
- **Give 1mg test dose**; if after 60 seconds there are no adverse effects, then administer 3mg. If after 60 seconds there is no improvement, then administer an additional 3mg; after an additional 60 seconds, repeat a 3mg dose if necessary for a **total of 10mg**

### **Evaluation of treatment requirements in myasthenia gravis(ref 1)**

- Give 1 to 2mg dose one hour after oral dose of anticholinesterase
- Response will be myasthenic in the undertreated patient

- Response will be adequate in the controlled patient
- Response will be cholinergic in the overtreated patient

## Monitoring

- Monitor muscle strength pre- and post-injection (cranial musculature is most useful) (ref 2)
- Monitor heart rate, respiratory rate and blood pressure (ref 2)

## Further information

- IV route preferred (ref 1)
- In patients with inaccessible veins, dose for intramuscular injection is 10mg
- When given by intramuscular route, the onset of action is 2 to 10 minutes (IV is 30 to 60 second)(ref 1)

## Storage

Store below 25°C

## References

UK SPC July 2010

1: Uptodate accessed online 7th Dec 2021

2: Injectable medicines guide. Medusa. Downloaded 7th Dec 2021

3: Martindale- accessed online 7th Dec 2021

## Therapeutic classification

Diagnostic agent