Nimodipine Intravenous for Adults

Who can administer

Administration RESTRICTED - see Appendix 1

Important information

- Monitoring requirements - see under 'Monitoring'
- **If** changing to **oral** therapy, the dose is **60mg every four** hours

Available preparations

Nimotop solution 10mg per 50mL vial

Reconstitution

Already in solution

Infusion fluids

- Nimodipine should not be diluted. However, **a co-infusion fluid** such as Sodium chloride 0.9% or Glucose 5% **MUST be run alongside the nimodipine** (see method below)

Methods of intravenous administration

Important: Nimodipine should be infused using a **non-PVC syringe and giving set**

Continuous intravenous infusion via CENTRAL line (administer using an electronically controlled infusion pump)

- Nimodipine solution must be drawn up into a 50mL syringe - **use neat - do not dilute further**
- Connect to a three-way stopcock using the non-PVC infusion line provided in pack
- The stopcock must allow for concomitant flow of the nimodipine solution and a co-infusion solution
- Nimodipine solution **MUST** be administered with a co-infusion of either of the above infusion solutions
- The co-infusion fluid should run at a rate of four times that of the nimodipine infusion (see table below)
- Connect the co-infusion to the second port of the three-way stopcock prior to its connection with the central line catheter

Rate to run co-infusion fluid at

Nimodipine rate	Rate of administration of co-infusion fluid
1mg per hour (5mL per hour)	20mL per hour
2mg per hour (10mL per hour)	40mL per hour

Dose in adults

Prevention and treatment of aneurysmal subarachnoid haemorrhage		
Patient weight	**Time**	**Dose**
70kg and over	First two hours	1mg (5mL) per hour
	After two hours	Increase to 2mg (10mL) per hour if tolerated
Less than 70kg or blood pressure unstable[(BNF)]	First two hours	0.5mg (2.5mL) per hour or less
	After 2 hours	Increased to 2mg (10mL) per hour if tolerated

- Use a central line
- **Duration**: 5 to 14 days for the parenteral product, followed up with oral nimodipine treatment, to complete a 21 day course
- The **oral dose** is 60mg every four hours- i.e. **six doses per day**
- If surgical intervention is necessary during treatment with nimodipine, continue intravenous therapy for at least 5 days post surgery

Liver disease

- Decreased drug clearance may occur in cirrhotic patients receiving intravenous nimodipine and therefore close monitoring of blood pressure is recommended in these patients

Monitoring

- Those with known renal disease and/or receiving nephrotoxic drugs should have renal function monitored closely during intravenous nimodipine treatment
- Monitor liver function
- Monitor renal function, especially if on other nephrotoxic agents, or pre-existing renal impairment

Further information

- Other compatible co-infusions include: Ringer's lactate solution, dextran 40, human albumin 5% or mannitol 10%
- Each 10mg (50mL) bottle of Nimotop solution contains approximately **10g of ethanol**

Storage

- Store below 25^{0}C
- Protect from **direct sunlight** during administration (the infusion is stable in a syringe for 10 hours if only exposed to diffuse daylight and/or artificial light)

References

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Therapeutic classification

Calcium channel blocker