

## Who can administer

Registered competent doctor or nurse in specialist unit only

## Important information

- Severe, life-threatening reactions have been reported. See Monitoring section
- **Medicines to avoid prior to regadenoson use**

Medicine	Notes
Methylxanthines <b>including caffeine and theophylline</b>	Avoid for at least 12 hours before regadenoson use
Dipyridamole	When possible hold for at least 2 days before regadenoson use

In addition to medicines, **food and drinks containing methylxanthines** would need to be avoided for at least 12 hours prior to use of regadenoson (e.g. coffee, tea, Red bull, chocolate, cola beverages)

## Available preparations

Rapiscan 400 microgram in 5ml solution for injection (80 micrograms/ml)

## Reconstitution

Already in solution

## Infusion fluids

Not required. However injection of Regadenoson should be followed by saline, and then the radiopharmaceutical (see method)

## Methods of intravenous administration

**Slow intravenous injection** (into peripheral vein)

1. **Administer as a rapid, 10-second injection** into a peripheral vein using a 22-gauge or larger catheter or needle
2. Follow **immediately** with 5 ml of sodium chloride 0.9% solution for injection, then
3. **Follow after 10 to 20 seconds** with the radiopharmaceutical . The radiopharmaceutical may be injected directly into the same catheter as regadenoson

## Dose in adults

### For use in Myocardial Perfusion Imaging(MPI)

- Administer a single injection of 400 micrograms regadenoson (5 ml) into a peripheral vein
- No dose adjustment necessary for body weight

- **May be used ONCE only within a 24 hour period**

## Monitoring

- Cardiorespiratory resuscitation equipment must be available for immediate use
- Continuous ECG monitoring should be performed
- Monitor vital signs at frequent intervals until ECG parameters, heart rate and blood pressure have returned to pre-dose levels
- Monitor patients for signs of **myocardial ischaemia, hypotension, clinically significant increases in blood pressure (which can lead to hypertensive crisis), TIA/CVA, seizure activity, atrial fibrillation or flutter, bronchoconstriction, Long QT syndrome, sinoatrial and atrioventricular nodal block**

## Further information

- Aminophylline may be administered in doses ranging from 50 to 250mg by slow intravenous injection to attenuate severe and/or persistent adverse reactions to regadenoson, but should not be used solely for the purpose of terminating a seizure induced by regadenoson

## Storage

Store below 25°C

## References

SPC Downloaded from [EMEA 6th Jan 2021](#)

## Therapeutic classification

Selective coronary vasodilator