# Famotidine Intravenous for Adults

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Unlicensed preparation

## Available preparations

Famotidine 20mg per 2ml vial

## Reconstitution

Already in solution

**Dilute further prior to administration**

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

**Intermittent intravenous infusion (preferred route)**

- Dilute 20mg with 100ml infusion fluid, and administer over 15 to 30 minutess

**Slow intravenous injection**

- Dilute each 20mg to a volume of 5 to 10ml with infusion fluid and administer over at least two minutes

## Dose in adults

**Usual dose**

- Give 20mg every 12 hours until oral therapy can be introduced

**Premedication of infusion reactions** (ref 1)

- Give 20mg thirty to sixty minutes prior to infusion
- Usually given in conjunction with an H1 antihistamine and glucocorticoid

**Prophylaxis of acid aspiration (Mendelson's) syndrome** (ref 1)

- Give 20mg forty to ninety minutes before induction of general anaesthesia

**Prophylaxis of upper gastrointestinal haemorrhage from stress ulceration in seriously ill patients** (ref 1)

- Give 20mg twice daily

**Renal impairment**

- **Complete atrioventricular block** has been reported in association with administration of famotidine injection [ref 2]
- **Prolonged QT interval** has been reported in patients with moderate to severe renal impairment [ref 1]
- The manufacturers advise that CNS adverse effects have been reported in patients with moderate and severe renal insufficiency
- For patients with CrCl <50 mL/minute: advise increase the dosing interval to 36-48 hours [ref 1]

# Storage

Storage in a **refrigerator** at 2-8$^{0}$C

# References

SPC for Famotidine IV (Mylan) revised April 2022

1: UpToDate, accessed 07/05/2025

2: Complete Atrioventricular Block and Cardiac Arrest following Intravenous Famotidine Administration Anesthesiology 2 1999, Vol.90, 623-626.Â

# Therapeutic classification

H2-receptor antagonists