# L-arginine intravenous infusion for adults



### Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Unlicensed drug
- This monograph has been prepared for guidance on the use of the L-arginine in stroke associated with MELAS syndrome (mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes)
- For other indications- see the BIMDG guideline

### Available preparations

L-Arginine Hydrochloride 50%w/v ampoule (5g/10ml) (Amargine)

### Reconstitution

Not required- already in solution

Draw up using a 5 micron filter needle

Further dilution required prior to administration

### Infusion fluids

Glucose 10% (preferred) or 5% (ref 1)

### Methods of intravenous administration

Intermittent intravenous infusion (administer using an electronically controlled infusion device)

- Add the required dose to infusion fluid recommended maximum concentration 50mg/ml (ref 1)
- Administer via central line (preferable), or a large peripheral vein due to high osmolarity (ref 1)
- Initial dose: administer first stat dose over 30 minutes (ref 2), then use continuous infusion
- An in-line 0.2 micron filter **must** be used, available from Pharmacy (ref 1) (Braun filter 409 9303)

#### Dose in adults

#### Acute stroke associated with MELAS

- Give 10g/m<sup>2</sup> (max 30g) by intravenous infusion over 30 minutes within 3 hours of symptom onset
- Followed by 10g/m<sup>2</sup> as a continuous intravenous infusion
- Repeat daily for 3 to 5 days
- Maximum dose 30g/day
- Use MdCalc to work out Body Surface Area in m<sup>2</sup>
- See under Further information below re oral doses

For other indications- see the BIMDG guideline

## Monitoring

- Monitor for allergic reactions and stop treatment if serious (ref 1)
- Infusion site reactions (high osmolarity) (ref 1)
- Monitor plasma pH and chloride levels (ref 1)
- Monitor blood glucose levels (ref 2)
- Monitor blood pressure (ref 1)

## Further information

- Further information on adverse reactions etc may be found on the attached SPC
- Patients may be transferred to maintenance dose orally (150 to 300mg/kg/day), in three divided doses (max 24grams/day)
- The injection solution may be administered orally , if oral tablets are not available (ref 2)

## Storage

Store ampoules below 25°C

Do not refrigerate

### References

SPC 6th August 2018

- 1: Injectable Medicines Guide Version 5 Medusa NHS. Downloaded 30/03/2023
- 2: British Inherited Metabolic Diseases Group IMDG guidelines2nd Edition 2020
- 3: Recommendations for the Management of Strokelike Episodes in Patients With Mitochondrial Encephalomyopathy, Lactic Acidosis, and Strokelike Episodes JAMA 2016 Koenig et al