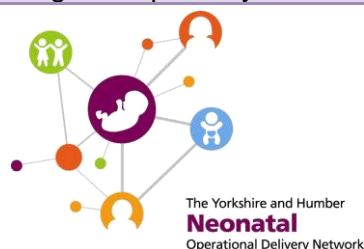


# Noradrenaline

<b>Indication</b>	Hypotension
<b>Dose</b>	0.2 to 1 microgram/kg/minute
<b>Route of administration</b>	Intravenous via a <b>central line only</b>
<b>To prepare</b>	4mg in 4mL vials  <b>Preferred diluent:</b> glucose 5% Other diluents: sodium chloride 0.9%  <b>To make 2mg in 50mL:</b> Draw up 2mL of the 1mg/mL solution (2mg) and add to 48mL of diluent.
<b>Compatibilities</b>	Atracurium, amiodarone, calcium containing solutions, dobutamine, dopamine, heparin, hydrocortisone, midazolam, milrinone, morphine.
<b>Known incompatibilities</b>	Aminophylline, insulin, phenytoin, omeprazole, ranitidine, sodium bicarbonate.
<b>Notes</b>	Do not stop suddenly - withdraw gradually to avoid a drop in BP.  Do not flush the central venous catheter. After the infusion is stopped, disconnect the administration set, aspirate the cannula contents and then flush with sodium chloride 0.9%  Noradrenaline (base) 1mg = 2mg Noradrenaline acid tartrate, prescribe in terms of base only.  If there is no compatibility information for specific drugs, do not assume compatibility. For incompatible drugs or those with no compatibility information use a separate line or, for short infusions, flush well between drugs.  For side-effects see the BNFc.
<b>References</b>	Neonatal Formulary 7 <sup>th</sup> Edition, Leeds Teaching Hospitals neonatal prescribing and administration monograph, Handbook on Injectable Drugs, BNFc, Thames Valley Y-site Intravenous Drugs Compatibility Chart.



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Clinicians must accept individual responsibility for using this information and prescribing safely.