## **LABETALOL**

BRAND NAME LABETALOL SXP. TRANDATE

DRUG CLASS Beta-blocker, selective alpha<sub>1</sub> blocker

AVAILABILITY Labetalol SXP ampoule contains 50 mg/10 mL of labetalol hydrochloride. Also

contains hydrochloric acid and sodium hydroxide.1

Trandate ampoule contains 100 mg/20 mL of labetalol hydrochloride. Also contains hydrochloric acid and sodium hydroxide.<sup>2</sup> Available through the Special Access Scheme.

pH 3-4.5<sup>3</sup>

PREPARATION Not required

STABILITY Labetalol SXP ampoule store below 25 °C. Protect from light.1

Trandate ampoule: store below 30 °C. Protect from light.<sup>2</sup>

Infusion solutions prepared with labetalol SXP are stable for 6 hours below 25 °C or

24 hours at 2 to 8 °C.1

**ADMINISTRATION** 

IM injection Not recommendedSC injection Not recommended

**IV injection** Inject the dose slowly over 2 minutes. Repeat after 10 to 20 minutes if required.<sup>1</sup> **IV infusion** Add 20 mL (100 mg) to 80 mL of a compatible fluid to make a concentration of

1 mg/mL.<sup>1,2</sup>

Starting rates range from 20 mg/hour to 120 mg/hour depending on the indication.<sup>1,2</sup>

May be infused undiluted in a syringe pump.

Rates of 2 to 8 mg/min are used in acute management of stroke.<sup>4</sup>

Adjust the rate according to the blood pressure response.

**COMPATIBILITY** 

**Fluids** Glucose 5%<sup>1,2</sup> see SPECIAL NOTES, glucose in sodium chloride solutions<sup>1,2</sup>,

Hartmann's<sup>3</sup>, Plasma-Lyte 148 via Y-site<sup>5</sup>, Ringer's<sup>3</sup>, sodium chloride 0.9%<sup>3</sup>

**Y-site** Amikacin<sup>3</sup>, aminophylline<sup>3</sup>, amiodarone<sup>3</sup>, ampicillin<sup>3</sup>, atracurium<sup>6</sup>, aztreonam<sup>6</sup>,

buprenorphine<sup>6</sup>, calcium chloride<sup>6</sup>, calcium gluconate<sup>3,6</sup>, ceftazidime<sup>3</sup>, ceftolozane-tazobactam<sup>3</sup>, ciclosporin<sup>6</sup>, dexmedetomidine<sup>3</sup>, dobutamine<sup>6</sup>, dopamine<sup>6</sup>, ephedrine sulfate<sup>6</sup>, erythromycin<sup>3</sup>, esmolol<sup>3</sup>, ethanol<sup>7</sup>, fentanyl<sup>3</sup>, ganciclovir<sup>6</sup>, gentamicin<sup>3</sup>, glyceryl trinitrate<sup>3</sup>, insulin (Novorapid)<sup>8</sup>, isavuconazole<sup>3</sup>, lidocaine<sup>3</sup>, linezolid<sup>3</sup>, magnesium sulfate<sup>3</sup>, metoclopramide<sup>6</sup>, metronidazole<sup>3</sup>, midazolam<sup>3</sup>, morphine sulfate<sup>3</sup>, nicardipine<sup>3</sup>, noradrenaline (norepinephrine)<sup>3</sup>, pethidine<sup>3</sup>, potassium chloride<sup>3</sup>, ranitidine<sup>3</sup>, sodium acetate<sup>3</sup>, sodium nitroprusside<sup>3</sup>, tobramycin<sup>3</sup>, trimethoprim-sulfamethoxazole<sup>3</sup>, suxamethonium<sup>3</sup>, vancomycin<sup>3</sup>, verapamil<sup>3</sup>

**INCOMPATIBILITY** 

Fluids Sodium bicarbonate<sup>1-3</sup>

**Drugs** Albumin<sup>8</sup>, aciclovir<sup>8</sup>, azathioprine<sup>8</sup>, benzylpenicillin<sup>6</sup>, cefalotin<sup>6</sup>, cefepime<sup>8</sup>, cefotaxime<sup>8</sup>, cefotaxime<sup>8</sup>, ceftaroline fosamil<sup>3</sup>, ceftriaxone<sup>3</sup>, dexamethasone<sup>8</sup>,

esomeprazole<sup>8</sup>, foscarnet<sup>8</sup>, fosfomycin<sup>8</sup>, furosemide<sup>1,3</sup>, heparin sodium<sup>1</sup>, hydrocortisone sodium succinate<sup>8</sup>, ibuprofen<sup>8</sup>, indometacin<sup>8</sup>, insulin (Actrapid)<sup>8</sup>, ketorolac<sup>8</sup>, micafungin<sup>3</sup>, piperacillin-tazobactam (EDTA-free)<sup>8</sup>, sodium bicarbonate<sup>1</sup>,

thiopental sodium8

## SPECIAL NOTES

Continuous cardiac monitoring is required during IV infusion.<sup>1</sup>

Half life is 4 hours, duration of action is 6 hours but can be longer; monitor the patient for at least 6 hours after stopping the infusion.<sup>1,2</sup>

Monitor blood pressure and heart rate every 5 to 10 minutes when giving by IV injection. Maximum effect occurs within 5 minutes. 1,2

Patients should remain lying down during and for up to 3 hours after IV administration. Orthostatic hypotension is likely to occur if the patient is tilted upward or allowed to stand during this period. 1,2

For patients at risk of cerebral oedema, avoid glucose solutions if possible. Excessive glucose can exacerbate cerebral oedema and may worsen brain injury in stroke patients.10

## REFERENCES

Product information. Available from www.tga.gov.au. Accessed 16/07/2020.

- Trandate. Summary of Product Characteristics. Jordbro, Sweden: RPH Pharmaceuticals ABD. Approved 26/03/2009. Updated 08/02/2019. Available from www.medicines.org.uk. Accessed 22/07/2020.
  McEvoy GK editor. Handbook on injectable drugs. 20th ed. Bethesda, MD: American Society of Health-System Pharmacists; 2018.
- 4. AHA/ASA 2018 Guidelines for the early management of patients with acute ischaemic stroke. Stroke 2018; 49: e46-100.

- A. AHA/ASA 2018 Guidelines for the early management of patients with acute ischaemic stroke. Stroke 2018; 49: e46-100.
  OneCall Medical Information Service. Y-Site compatibility of intravenous drugs with Plasmalyte 148. Toongabbie, NSW: Baxter; 2015.
  Trissel LA, Leissing NC. Trissel's Tables of physical compatibility. Lake Forest IL: Multimatrix; 1996.
  Thoma LA, Johnson-Singh A, Wood GC, Wolfe JL. Physical compatibility of 10% alcohol in 5% dextrose injection with selected drugs during simulated Y-site administration. Am J Health-Syst Pharm 2000; 57: 2286-7.
  Voirol P, Berger-Gryllaki M, Pannatier A, Eggimann P, Sadeghipour F. Visual compatibility of insulin aspart with intravenous drugs frequently used in ICU. Eur J Hosp Pharm 2015; 22: 123-4.
  Labetalol hydrochloride. In: IV index (internet). Trissel's 2 clinical pharmaceutics database (parenteral compatibility). Greenwood Village, CO: Truven Health Analytics. Accessed 10/12/2019.
  Truven Health Analytics. Accessed 10/12/2019.
  Tommasino C, Picozzi V. Volume and electrolyte management. Best Pract Res Clinical Anesthesiology. 2007; 21: 497-516.