

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Contra-indicated in patients being given benzodiazepines for the treatment of a potentially life-threatening condition (eg. increased intracranial pressure or status epilepticus)
- See Monitoring requirements below

## Available preparations

Anexate 500microgram per 5mL ampoule

## Reconstitution

Already in solution

**Draw up using a 5 micron filter needle**

## Infusion fluids

Sodium chloride 0.9% or Glucose 5%

## Methods of intravenous administration

### **Bolus intravenous injection (preferred method)**

- Administer initial dose over 15 seconds
- Consider slower rate of administration for patients on long term and/or high dose benzodiazepines <sup>(ref 1)</sup>

### **Continuous intravenous infusion**

- Dilute to any convenient volume of infusion fluid <sup>(ref 1)</sup>
- For example: 500 micrograms (5mL) in 50mL <sup>(ref 1)</sup>
- Rate of infusion then titrated according to response

## Dose in adults

**IMPORTANT:** If no clear effect on awareness and respiration is obtained after repeated dosing, consider other causes for intoxication

### **Reversal of sedative effects of benzodiazepines in anaesthesia and clinical procedures**

- Initially, 200 micrograms over 15 seconds.
- If necessary further doses of 100 micrograms can be given at 60 second intervals
- Usual dose range 300 to 600 micrograms.
- Maximum total dose 1mg per course

### **Reversal of sedative effects of benzodiazepines in Intensive Care**

- Initially, 300 micrograms over 15 seconds
- If necessary further doses of 100 micrograms can be given at 60 second intervals
- Maximum total dose 2mg per course
- **If drowsiness recurs after initial doses**
  - Give an infusion of 100 to 400 micrograms per hour
  - Rate of infusion then titrated according to response
  - Alternatively, give 300micrograms as an intravenous injection, adjusted according to response
  - The infusion should be interrupted every six hours to check whether re-sedation occurs <sup>(ref 1)</sup>

### **In situations of poisoning or overdoses**

- Higher doses, or different intervals may be recommended by Toxbase, or by National Poisons Information Centre

### **Renal impairment**

- No dosage adjustment is necessary

### **Hepatic impairment**

- Careful titration of dosage is recommended in patients with impaired hepatic function

## **Monitoring**

- Monitor for signs of resedation (for up to 4 hours <sup>(ref 2)</sup>)- flumazenil is a short-acting agent. Repeat doses may be necessary- benzodiazepine effects may persist
- Monitor for withdrawal symptoms from benzodiazepines, especially if high doses or long-term exposure

## **Storage**

Store below 25°C

Do not refrigerate or freeze

## **References**

Anexate SPC December 2020

1: Injectable Medicines guide, downloaded from Medusa 10/04/2025

2. Toxbase, accessed online 10/04/2025

## **Therapeutic classification**

Benzodiazepine antagonist