Methylprednisolone Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Check the approved **route of administration on product packaging carefully** (**intravenous** and **depot intramuscular** steroid preparations could be easily confused)

Available preparations

Solumedrone 40mg Act-O-Vial

Solumedrone 125mg Act-O-Vial

Solumedrone 500mg vial

Solumedrone 1g vial

Reconstitution

500mg and 1000mg vial

- **Water for Injections** (included in product packaging)
- 7.8ml per 500mg vial
- 15.6ml per 1000mg vial

40mg and 125mg Act-O-Vial reconstitution

- Press down on plastic activator to force diluent into the lower compartment
- Gently agitate to effect dissolution
- Remove plastic tab covering centre of stopper - sterilise top of stopper with suitable germicide
- Insert needle squarely through centre of plunger-stopper until tip is just visible. Invert vial and withdraw dose

Infusion fluids

Sodium Chloride 0.9% or Glucose 5%

- Consider favouring sodium chloride 0.9% as the infusion fluid for high doses as administration of glucose 5% may cause or aggravate hyperglycaemia

Methods of intravenous administration

Slow intravenous injection (doses of 250mg or less)

- Administer dose over at least five minutes (see below re adverse effects with rapid administration)

Intermittent intravenous infusion (may be used for all doses)

- Administer required doses over **at least 30 minutes**
- **Rapid infusion may be associated with arrhythmias, cardiac arrest and circulatory collapse**
- The infusion volume is not critical - any convenient infusion volume may be used (50-250mL) [ref 1)]
- An infusion volume of as little as 50ml may be used if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

Dose in adults

Doses vary hugely depending on indication

Pulse therapy

- Regimens vary: examples of regimens used: 1g daily for three to five days

Exacerbation of COPD

- Give 125mg every six hours for 72 hours, then switch to oral therapy and taper the dose
- Alternatively a dose of 0.5mg/kg every six hours for 72 hours, then switch to oral therapy and taper the dose

Acute spinal cord injury (Treatment should begin within eight hours of injury)

- Loading: 30mg/kg over 15 minutes
- Maintenance: **Wait 45 minutes after loading dose has been given, then** start a continuous infusion of 5.4mg/kg/hour for 24 to 48 hours (multiple bags of 500ml required) - duration must be checked with consultant

For other indications: see SPC

Further information

- Because rare instances of skin reactions and anaphylactic reactions have occurred in patients receiving corticosteroid therapy, appropriate precautionary measures should be taken prior to administration, especially when the patient has a history of drug allergy
- Solumedrone is supplied as methylprednisolone sodium succinate (doses expressed in mg of methylprednisolone)

Storage

- Store below 25^{0}C

References

SPC 40mg strength 10/2024

1.Â Injectable medicines guide, downloaded from Medusa 30/01/2025

Therapeutic classification

Corticosteroid