Terbutaline sulphate Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- See monitoring requirements
- In situations where the inhaled route is not appropriate for bronchodilation, **the preferred route is the intramuscular or subcutaneous route**
- Terbutaline (and other $Beta_2$ agonists) are no longer recommended for inhibiting pre-term labour. Use of high-dose short acting $beta_2$ agonists in obstetric indications has been associated with serious, sometimes fatal cardiovascular events in the mother and fetus, particularly when used for a prolonged period of time [ref BNF]

Available preparations

Bricanyl 2,500 microgram per **5mL** ampoule (2.5mg in 5mL) [unlicensed]

Bricanyl 500 microgram per **1mL** ampoule

Reconstitution

Already in solution

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

Infusion fluids

Glucose 5% or Sodium chloride 0.9%

Methods of intravenous administration

Bronchodilator dose

- **Slow intravenous injection**
    - Give slowly over at least 3 minutes, noting patient response
    - It may be diluted to 10mL with infusion fluid if required, to facilitate slow administration[ref 1]
- **Continuous intravenous infusion (administer using an electronically controlled infusion device)**

- Add 1.5 to 2.5mg to 500mL infusion fluid and administer over several hours (see 'dose')

Dose in adults

Bronchodilator dose

- Slow intravenous injection dose: 0.25 to 0.5mg up to four times daily
- Infusion dose: Add 1.5 to 2.5mg to 500mL infusion fluid and administer at 30 to 60mL/hour for 8 to 10 hours (more than one bag may be required depending on each patients individual requirements)

Monitoring

- Patients at risk of hypokalaemia should have serum potassium levels monitored
- Diabetic patients should have additional blood glucose measurements performed when therapy is initiated
- Lactic acidosis has been reported with high doses of intravenous terbutaline, particularly in patients being treated for acute asthma exacerbation

Storage

Store below 25^{0}C

References

SPC November 2020

1: Local expert opinion - stable in these fluids, and slow administration otherwise difficult with small volumes

Therapeutic classification

Selective beta2-adrenoreceptor agonist