

Who can administer

Administration RESTRICTED- see Appendix 1A

Important information

- Unlicensed preparation
- Serum potassium levels should be corrected before and monitored throughout treatment with enoximone
- See under 'Dose' for adjustments required in renal impairment'

Available preparations

Enoximone 100mg per 20ml ampoule (Perfan)

Reconstitution

Already in solution

- **Draw up using a 5 micron filter needle**
- **Dilute further prior to administration**

Infusion fluids

Sodium chloride 0.9% ONLY

Methods of intravenous administration

If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely using a recognised phlebitis scoring tool ^(ref 1)

Slow intravenous injection

- Add required dose to equal volume of infusion fluid (to produce a 2.5mg/mL solution)A
- Do not use more dilute solutions as crystal formation may occur

Intermittent intravenous infusion (using an electronically controlled infusion device)

- Add required dose to equal volume of infusion fluid (to produce a 2.5mg/mL solution)
- Do not use more dilute solutions as crystal formation may occur
- Administer as per 'Dose' overleaf

Continuous intravenous infusion (using an electronically controlled infusion device)

- Add 100mg (20mL) to 20mL infusion fluid ^(ref 1,2) i.e. final infusion contains 100mg in 40mL (2.5mg/mL solution)
- Do not use more dilute solutions as crystal formation may occur
- Rate adjusted according to response - see 'Dose'

Dose in adults

Congestive Heart failure

Initial therapy

- Slow intravenous injection (for practical purposes may be preferable to use intermittent infusion, as the injection will take 5 - 10 minutes)
 - Give 0.5 to 1 mg/kg at a rate not greater than 12.5mg per minute
 - Further doses of 0.5mg/kg may be given every 30 minutes until a satisfactory response is achieved or a total initial dose of 3mg/kg is achieved

OR

• Intermittent infusion

- Give at a rate of 90micrograms/kg/minute administered over 10 to 30 minutes until the required haemodynamic response is achieved

Maintenance dose

- Slow intravenous injection
 - The initial dose (up to a max of 3mg/kg) may be repeated every three to six hours as required - adjusted according to the patient response
 - This should be administered at rate not greater than 12.5mg per minute
 - Normal maximum total daily dose is 24mg/kg/day (i.e. 1,680mg/day in 70kg patient)

OR

• Continuous infusion

- Give 5 - 20 micrograms/kg/minute following loading dose, according to haemodynamic response.
- Normal maximum total daily dose is 24mg/kg/day (i.e. 1,680mg/day in 70kg patient)

Renal impairment

- In patients with renal impairment, the dose or dosage frequency may need to be reduced

Monitoring

- Enoximone has a high pH and may cause venous irritation and tissue damage in cases of extravasation (ref 1)
- Monitor **potassium** levels: See under Important Information above
- **Platelet** count to be assessed before and during therapy.
- Severe **gastrointestinal symptoms** may occur; can be managed by reducing dose/temporarily interrupting the regime.
- **Liver function tests**; if clinically significant increases in hepatic enzymes therapy should be discontinued.
- Contains **ethanol** (10.4%); caution for use in those with a history of alcohol excess, pregnant or breast-feeding women and high-risk groups such as liver disease or epilepsy.
- Contains **propylene glycol** -monitor for adverse events e.g. hyperosmolality, lactic acidosis, renal dysfunction, cardiotoxicity, CNS disorders, respiratory depression, dyspnoea, liver dysfunction, haemolytic and haemoglobinuria.

Further information

- Occasionally, enoximone has produced 'furring of the lines'. In practice a dedicated line is recommended for its administration ^(ref 1)

Storage

Store below 25°C

References

Summary of Product Characteristics Perfan July 1st 2022

1: Medusa NHS guide - downloaded June 2023

2: Standard Medication Concentrations for Continuous Infusions in Adult Critical Care. Intensive Care Society December 2020 version 4.1.Â

Therapeutic classification

Phosphodiesterase enzyme inhibitor