

Enoximone in Critical Care Monograph

Author and Contact details:	Greg Musial, Specialist Pharmacist Critical Care. Tel: (0151) 529 4816 Email: greg.musial@thewaltoncentre.nhs.uk	
Responsible Director:	Medical Director	
Approved by and date:	ITU Operational Group	July 2019
Document Type:	DRUG MONOGRAPH	Version 3.0
Scope:	CRITICAL CARE	
Document Approval, History/Changes	For further information contact the Governance Department on Tel: (0151) 529 5436	

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1. Monograph for the Use of IV Enoximone

Enoximone is a phosphodiesterase type-3 inhibitor that exerts most effect on the myocardium; it has positive inotropic properties and vasodilatory activity

1.1. Presentation

- 20ml ampoules containing 100mg enoximone for further dilution

1.2. Indication

- Cardiogenic shock

1.3. Reconstitution

- Remove 150ml from 250ml bag of 0.9% sodium chloride
- Add 5 ampoules (500mg) of enoximone
- Final concentration is 500mg in 200ml (2.5mg/ml)

1.4. Dose / Administration

- Loading (Table 1)
 - 90 micrograms/kg/min by intravenous infusion for 10-30 minutes until desired response
- Infusion (Table 2)
 - 5 – 20 micrograms/kg/min by continuous IV infusion
- Administer via central line

****Consider omitting loading dose if patient is severely haemodynamically compromised****

Table 1. Initial dose: Infusion rate in ml/hr using enoximone 500mg/200ml solution (2.5mg/ml)

Body weight	40kg	50kg	60kg	70kg	80kg	90kg	100kg
Rate of infusion ml/hr (90mcg/kg/min)	86.4	108	129.6	151.2	172.8	194.4	216

Table 2. Maintenance dose: Infusion rate in ml/hr using enoximone 500mg/200ml solution (2.5mg/ml)

Dose mcg/kg/min	40kg	50kg	60kg	70kg	80kg	90kg	100kg
5	4.8	6	7.2	8.4	9.6	10.8	12
7.5	7.2	9	10.8	12.6	14.4	16.2	18
10	9.6	12	14.4	16.8	19.2	21.6	24
12.5	12	15	18	21	24	27	30
15	14.4	18	21.6	25.2	28.8	32.4	36
17.5	16.8	21	25.2	29.4	33.6	37.8	42
20	19.2	24	28.8	33.6	38.4	43.2	48

1.5. Contraindications

- None – benefit outweighs risk

1.6. Cautions

- Heart failure associated with hypertrophic cardiomyopathy, stenotic or obstructive valvular disease or other outlet obstruction
- Renal impairment – consider dose reduction if creatinine clearance is below 40ml/min

1.7. Potential Risks/ Side effects

- Can cause arrhythmias
- Hypotension
- Fluid retention
- Oliguria and urinary retention
- Thrombocytopenia
- LFTs derangement
- Avoid extravasation

1.8. Monitoring

- Full haemodynamic monitoring required
- Platelet count
- LFTs

1.9. Notes (including licence status)

- Incompatible with glucose solutions
- Dedicated line is recommended for administration
- Do not use more dilute solutions
- Correct potassium levels prior to administration to reduce the risk of arrhythmias

2. References

- Meduse Injectable Medicines Guide, <http://medusa.wales.nhs.uk> accessed 1/6/19
- Joint Formulary Committee, British National Formulary (online) London: BMJ Group and Pharmaceutical Press www.medicinescomplete.com accessed 1/6/19