**Prompt for the preparation and administration of intravenous Ibuprofen**

* Please use this prompt each time a dose of Ibuprofen is prepared and administered.
* Both members of staff are to use the prompt.

**Comments**

*e.g. Baby is on 135ml/kg/24 due to hypernatremia as per (Consultant) decision.*

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| --- | --- | --- | --- |
| **Clinical baby-checks pre-administration. Please check all these factors before commencing and/or continuing with the babies course of Ibuprofen** | **Dose****One** | **Dose****Two** | **Dose Three** |
|  Date: |  |  |  |
| Please check the following and if not observed document reason in the comments box: |  |  |  |
| **1.** Is infection (including NEC) confirmed or suspected? If YES please discuss with consultant prior to giving. | Y / N |  |  |  |
| **2**. The platelets have been checked and are >50? If <50 is the baby to have a platelet transfusion?  | Y / N |  |  |  |
| **3.** Renal Function has been checked. Is the creatinine <120? | Y / N |  |  |  |
| **4.** Has the baby been put NBM and IV fluids prescribed and volume restricted to at least 120ml/kg/day? | Y / N |  |  |  |
| **Prescription charts details and administration of Ibuprofen** |  |  |  |
| **5.** Has it been prescribed correctly following the 5 R’s: *Right Drug, Right Time, Right Dose, Right Route, Right Patient*? | Y / N |  |  |  |
| **6.** Is the patient’s current working weight recorded on the prescription chart?  | Y / N |  |  |  |
| **7.** Has the correct dose been prescribed based on the weight? *Each checker to calculate dose separately.* | Y / N |  |  |  |
| **8.** Has the prescription been signed by the prescriber? *This is a Consultant decision to commence Ibuprofen* | Y / N |  |  |  |
| **9.** Has Ranitidine been prescribed (1mg/kg BD IV)? | Y / N |  |  |  |
| **During administration/the course of Ibuprofen please remember*** To observe the babies abdomen for signs of distension
* To aspirate the baby’s NGT/OGT tube 3 hourly, observing for bile or blood
* To check the baby is having daily U&E’s and platelet counts
* To monitor the baby’s blood pressure 4-6 hourly
* To measure and record baby’s urine output (weigh nappies)
* To record stools including colour and consistency (mucous/blood)
* To observe for signs of clinical deterioration
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***Neonatal Formulary for Ibuprofen***

Addressograph

***Dose****:*  10 mg/kg followed by 5 mg/kg 24hourly for 2 further doses. (A further 3 doses after this may be given)

***Reconstitution****:* Can use Sodium chloride 0.9% or Glucose 5% to dilute further if necessary

***Administration****:* Give a short infusion over 15minutes. Flush before and after administration with 0.9% sodium chloride. Use immediately after opening