OCTREOTIDE - PRESCRIBING AND ADMINISTRATION IN *SPECIFIC CRITICAL CARE AREAS AT ST GEORGE HOSPITAL

This drug information business rule is **NOT** a standing order.

*It only applies in the following units/departments – Intensive Care Units 1 and 2 (ICU and ICU2), Cardiothoracic Intensive Care Unit (CICU) and Emergency (ED).*

| Cross references (including NSW Health/SESIAHS policy directives) | NSW Health Medication Handling in NSW Public Hospitals PD2013_043  
Australian Commission on Safety and Quality in Healthcare  
Guidelines for using the National Inpatient Medication Chart 7/2009  
Medications_Intravenous_SGS_SHS_CLIN115  
Labelling injectable medications SGS_SHS_CLIN191 |
| --- | --- |

1. **Accreditation requirements**

RN who has completed ICU Medication workbook  
As per Section 6.4 SGS_SHS_CLIN115

2. **Description/presentation**

*Octreotide Acetate*
- 50 microg/1 mL
- 100 microg/1 mL
- 500 microg/1 mL

Should be stored in its original container in the refrigerator at 2 - 8 degrees  
Protect from light.

3. **Indications**

*Indications*
- Adjunctive therapy to control oesophageal variceal bleeding  
- Pancreatic surgery/trauma  
- Symptom control in carcinoid tumors

*Actions*
- Inhibits the secretion of growth hormone, serotonin and gastropancreatic peptides, causing a reduction in splanchnic blood flow and gastric secretions.

4. **Contraindications and/or Precautions**

*Precautions*
- Cholelithiasis and gallbladder surge  
- Hyper/hypoglycaemia – can alter balance between counter – regulatory hormones, insulin, glucagon, and growth hormone  
- Thyroid function abnormalities  
- Cardiac function abnormalities  
- Nutrition – can alter absorption of dietary fats

5. **Who is responsible**

Nursing Co-director Critical Care and Emergency  
Nursing Co-director Surgery  
Medical Directors of the Intensive Care Unit and Emergency

6. **Process**

6.1 **Preparation and Administration**

*Preparation*
- Must be diluted for intravenous injection/infusion
Clinical Business Rule SGSHHS CLIN_ICU

St George/Sutherland Hospitals
and Health Services

Approved by: Drugs and Therapeutics Committee The Sutherland Hospital/St George Hospital Date: Page 2 of 3

Date for revision: October 2016

Administration
- **Continuous infusion**: Dilute 200 micrograms octreotide to 50mL 0.9% normal saline concentration 4 microg/mL
- **Rate**: 25 – 50 microg/hr (6.5 -12.5mL/hr).
- **Injection**: Bolus of 50 micrograms may be given prior to commencement of infusion.

6.2 Nursing Care
- BSL’s should be checked hourly for the first 4 hours, then 4 hourly thereafter
- Transient hypotension may occur and blood pressure should be monitored closely during infusion:
  - Every 15mins for the first hour, then
  - Every 1hr for 4 hours, then every 4hrs
- Hypotension should not be attributed to the infusion unless active bleeding has been confidently excluded
- Observe for adverse effects as per APPENDIX1

6.3 Prescribing and Documentation
- Prescribed by Medical Officer, therapeutic endpoints must also be documented
- Checked and prepared by 2 RNs following the 5 rights as per NSW Health Medication Handling in NSW Public Hospitals PD2013_043
- A medication label must be added to syringe and labelling as per CLIN191 see cross references
- Adverse effects and nursing considerations (see APPENDIX 1) must be reported and documented

7. Compliance evaluation

| 1. Name one indication for Octreotide | A: Adjunctive therapy to control oesophageal variceal bleeding |
| 2. What is the concentration of infusion | A: 4 micrograms/mL |
| 3. How often should BSLs be checked? | A: hourly for the first 4 hours, then 4 hourly thereafter |

8. External references

I, Dawn Fowler Clinical Group Manager Medicine and Critical Care of SGSHHS attest that this drug information clinical business rule is not in contravention of any legislation, industrial award or policy directive.

Revision and approval history

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision number</th>
<th>Contact Officer (Position)</th>
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<tbody>
<tr>
<td>October 2013</td>
<td>0</td>
<td>Sarah Jones ICU CNC Suman Adhikari ICU Pharmacist Dr Kush Deshpande Deputy Director ICU</td>
<td>October 2016</td>
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### APPENDIX 1

#### Critical Care Medication Practice Guide

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Action / Indication</th>
<th>Presentation</th>
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<th>IV Administration</th>
<th>Adverse Effects</th>
<th>Comments / Nursing Considerations</th>
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</table>
| **Generic:** Octreotide Acetate | Indications: - Adjunctive therapy to control oesophageal variceal bleeding | - 50 mcg/1 mL  
- 100 mcg/1 mL  
- 500 mcg/1 mL | Must be diluted for intravenous injection/infusion | Continuous: Dilute 200 micrograms octreotide to 50mL 0.9% normal saline (Conc. 4 mcg/mL)  
Rate: 25 – 50 mcg/hr (6.5 - 12.5 mL/hr)  
Injection: Bolus of 50mcg may be given prior to commencement of infusion. | Hyper/hypoglycaemia  
Nausea  
Abdominal pain  
Diarrhoea  
Headaches  
Dizziness  
Cholylithiasis  
Acute pancreatitis  
Pain and tingling at insertion site | - BGL's should be checked hourly for the first 4 hours, then 4 hourly thereafter  
- Transient hypotension may occur and blood pressure should be monitored closely during infusion  
- q 15mins for the first hour, then  
- q 1hrly for 4 hours, then  
- q 4hrly  
- Hypotension should not be attributed to the infusion unless active bleeding has been confidently excluded. |

Info&searchKeyword=octreotide&PreviousPage=/Search/QuickSearch.aspx&SearchType=&ID=75570001_2)  