

LEVETIRACETAM

BRAND NAME	LEVETIRACETAM AFT, APOTEX, HOSPIRA, MEDSURGE, SANDOZ
DRUG CLASS	Antiepileptic
AVAILABILITY	Vial contains 500 mg/5 mL of levetiracetam. Also contain sodium acetate trihydrate, sodium chloride and glacial acetic acid. ¹ The solution is clear and colourless. ¹
pH	5.5 ²
PREPARATION	May be diluted before use. ¹
STABILITY	Vial: store below 25 °C. ¹ Infusion solution: Apotex and Hospira solutions are stable for 24 hours at 15 to 30 °C or at 2 to 8 °C. ¹ AFT, Medsurge and Sandoz solutions are stable for 6 hours at 15 to 30 °C or 24 hours at 2 to 8 °C. ¹
ADMINISTRATION	
IM injection	Not recommended
SUBCUT injection	Suitable in palliative care patients. ²⁻⁴ Dilute the dose in 100 mL of sodium chloride 0.9% and infuse over 30 minutes. ³ Or dilute with sodium chloride 0.9% or water for injections and give as a continuous subcutaneous infusion. ^{3,4} Maximal dilution is recommended, however 100 mg/mL can be used if necessary. ⁴
IV injection	In emergency situations – doses of up to 60 mg/kg (up to 4.5 g) have been given undiluted slowly over 5 minutes into a peripheral line. ^{5,6}
IV infusion	Dilute the dose in 100 mL of a compatible fluid and infuse over 15 minutes. ¹ In status epilepticus, dilute the dose to 50 mg/mL with a compatible fluid and infuse over 5 minutes. ^{6,7}
IV use for infants and children	Dilute the dose to 15 mg/mL or less with a compatible fluid and infuse over 15 minutes. ¹ In status epilepticus, dilute the dose to 50 mg/mL with a compatible fluid and infuse over 5 minutes. ^{6,7}
COMPATIBILITY	
Fluids	Glucose 5% ¹ see SPECIAL NOTES, Hartmann's ¹ , sodium chloride 0.9% ¹
Y-site	Insulin (Novorapid) ⁸
INCOMPATIBILITY	No information
SPECIAL NOTES	For patients at risk of cerebral oedema, avoid glucose solutions if possible. Excessive glucose can exacerbate cerebral oedema and may worsen brain injury in stroke patients. ⁹ Use the same dose when converting from oral to the IV or subcutaneous route. ^{1,2}

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VERSION 8.3