

## Paracetamol Dosing Regimen for Closure of Patent Ductus Arteriosus (PDA)

This regimen must be used with the approval of the appropriate neonatal consultant and after discussion with the parents/carers.

<b>Intravenous Dose</b>	All babies (First choice in early targeted treatment for extreme preterm babies, 22-26 weeks gestation and also in babies with contraindications to Ibuprofen)	<b>20mg/Kg</b> Loading Dose followed 6 hours later by Maintenance Dose of <b>10mg/kg</b> every 6 hours. ** Check trough level before 3 <sup>rd</sup> Maintenance but do not wait for level before administering 3 <sup>rd</sup> dose.
<b>Oral/ Enteral dose</b>	All babies	<b>15mg/kg</b> every 6 hours ( <b>No loading dose and no levels are required</b> )

\*\*This is a low dose IV regimen which has been shown to be safe. Desired level is less than 25 mg/L

Aim is for a five day course. Evaluate after 3 days clinically and if possible, with echo and if duct closure has been achieved, stop the medication.

Obtain baseline LFT before starting treatment and check LFTs again on Day 5/6 after start of treatment.

### References

1. North West Neonatal Operational Delivery Network (North West, North Wales & Isle of Man Children's Heart Network)
2. Härkin P, Paracetamol Accelerates Closure of the Ductus Arteriosus after Premature Birth: A Randomized Trial. *J Pediatr.* 2016
3. Xiao Y,. Efficacy and Safety of Paracetamol for Patent Ductus Arteriosus Closure in Preterm Infants: An Updated Systematic Review and Meta-Analysis. *Front Pediatr.* 2020;7:568. Published 2020 Feb 18. doi:10.3389/fped.2019.00568



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