Paraldehyde

Pharmacology
- effective anticonvulsant used when initial therapy has failed
- mechanism of action?
- can be given IV or rectally
- IM is very painful

Indications
- control of seizures refractory to phenytoin/phenobarbital

Dosage
- IV: 5 mL paraldehyde + 95 mL NS to make 5% solution therefore run at 0.5-1.0 mL/kg/hr initially then titrate to seizure activity
- pr: 0.3 mL/kg q4-6h and dilute with 1-2 parts mineral oil to make less irritating

Side Effects
- local irritation at IV site
- cardiorespiratory depression
- pulmonary edema/hemorrhage
- metabolic acidosis

Special Considerations
- DO NOT FILTER
- mix in glass containers (stable for 24 hours in glass)
- degrades plastic so change tubing q4h
- protect from light including tubing
- has strong odour and is excreted by lungs
- once seizures controlled, start to taper drug

This document is intended for use in the McMaster Children's Hospital (MCH) Neonatal Nurseries only and may not be applicable elsewhere. Due to the specialized nature of the Neonatal Nurseries environment and the patient population, some of the drugs, indications, doses and monitoring requirements may be different in individual situations. While this document is intended to reflect the practice in the MCH Neonatal Nurseries at the time of writing, new information may become available. Every attempt has been made to ensure accuracy but these recommendations should be used with caution and with good clinical judgment.