

## Somatostatin analogue used in the management of sulphonylurea poisoning

### Indications

*Hypoglycaemia (BSL < 4.0 mmol/L)*

Due to:

- Intentional sulphonylurea overdose
- Therapeutic sulphonylurea-induced hypoglycaemia
- Quinine-induced hypoglycaemia

### Contra-indications

Hypersensitivity to octreotide

### Adverse effects:

- Nausea, vomiting, diarrhoea
- Local skin irritation- transient pain with erythema, swelling, usually resolves after a few minutes

### Presentation:

50 mcg/mL (1mL) or 100 mcg/mL (1mL) or 500 mcg/mL (1mL)

### Dose and Administration

Patients should be managed in area where:

- Equipment and personnel are able to frequently monitor blood sugar concentrations
- Observe for clinical features of hypoglycaemia

Can be given via both subcutaneous or intravenous route

### Subcutaneous route (preferred route of administration):

- **Adults:** 50 mcg every 8 hours
- **Children:** 1-2 mcg/kg up to a maximum of 50 mcg every 8 hours

### Intravenous route:

- Bolus dose followed by an infusion
- Infusion made by diluting 500 mcg of octreotide in 500mL of 0.9% saline (1 mcg/mL)
- **Adults:** 50 mcg IV bolus followed by continuous infusion at 25 mcg/hour
- **Children:** 1 mcg/kg IV bolus followed by 1 mcg/kg/hour to a max of 25 mcg/hour

**Pregnancy:** Safety not established (Category B). Administration should not be withheld if clinically indicated

### Therapeutic endpoints:

- Normoglycaemia maintained for 12 hours off octreotide
- Eating normal diet