Sodium Nitroprusside Injection

This drug is for injection only. Do not inject into a vein or artery.

OFFICIAL ACTION

Sodium Nitroprusside Injection is available in USP Sodium Chloride Injection and Sodium Bicarbonate Injection.

DESCRIPTION

Sodium nitroprusside is a single-use vial of sodium nitroprusside dihydrate in sterile water for injection.

Sodium nitroprusside can cause hypotension and cardiac arrest. It is contraindicated in patients with an allergic reaction to it.

PHARMACOLOGICAL PROPERTIES

Sodium nitroprusside is a rapid-onset, short-acting vasodilator, acting on almost all blood vessels.

CLINICAL PHARMACOLOGY

Absorption

Sodium nitroprusside is rapidly distributed to a volume that is proportionally smaller than the intravascular space. The drug is cleared from the blood by various metabolic pathways.

Sodium nitroprusside is metabolized by the liver and kidneys. The half-life of sodium nitroprusside is about 2 minutes.

Metabolism

Sodium nitroprusside is metabolized by the liver and kidneys. The half-life of sodium nitroprusside is about 2 minutes.

Excretion

Sodium nitroprusside is excreted in urine and feces.

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Abdominal pain, apprehension, diaphoresis, “dizziness,” headache, Thiocyanate interferes with iodine uptake by the thyroid.

rate of the dialyzer.

known to increase the elimination of thiocyanate. Thiocyanate clearance

level below 1 mmol/L, a prolonged infusion of sodium nitroprusside

nitroprusside is increased with increased infusion rate, and the half-time

levels of 1 mmol/L (60 mg/L). Thiocyanate toxicity is life-threatening

the form of thiocyanate. When cyanide elimination is accelerated by the

As described in

bound to methemoglobin as cyanmethemoglobin, treatment of

several minutes. In patients likely to have substantial amounts of cyanide

1 to 2 mg/kg of methylene blue, administered intravenously over

stocks of medications can be used.

commercially available Cyanide Antidote Kits. Alternatively, discrete

as much hemoglobin into methemoglobin as the patient can

providing a buffer for cyanide by using sodium nitrite to convert

discontinuing the administration of sodium nitroprusside;

infusion rate until:

mean measured cardiac output is no longer increasing,

Specific hemodynamic goals must

Maximum recommended infusion rate has been reached, whichever comes earliest. Specific hemodynamic goals must

and in dissipation, small variations in infusion rate can lead to wide,

administration must still be observed.

impaired renal function, will predictably develop thiocyanate toxicity

impressive use of prolonged or high doses of sodium nitroprusside

Avoidance of cyanide toxicity

while the average effective rate in adult and pediatric patients is about

Avoidance of excessive hypotension

It is not known whether sodium nitroprusside and its metabolites are

Mexican slow-release tablets are scored in boxes to

because of the potential for serious adverse reactions in

and becomes less important in the treatment of the toxic effects of the
tablets. No reported adverse reactions have been noted in those studied in
treatment of thiocyanate toxicity. A rule of thumb is to use a

If no other drugs should be administered in the solution with sodium nitroprusside:

Other adverse reactions reported are:

Cardiovascular: Hypotension, electrocardiographic changes, black pulse.

Dermatologic: Hypotension.

Nausea: Decreased intestinal absorption.

Miscellaneous: Headache, Myocardial ischemia.

Respiratory: Hypokalemia.

Other effects include:

Thiopental.

In the event of sodium nitroprusside overdose, thiocyanate levels may rise to
dangerous levels and treatment is required. Dose interruptions could lead to

...or the tubing.

Avoidance of cyanide toxicity

infusion should be discontinued immediately; further attempts to

neurologic disease, have been described in patients with marked

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