



## MONOGRAPH

# Thiopental (Thiopentone)

<b>Scope (Staff):</b>	Medical, Pharmacy, Nursing, Anaesthetic Technicians
<b>Scope (Area):</b>	All Clinical Areas

### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

**! HIGH RISK MEDICINE !**

### QUICKLINKS

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### DRUG CLASS

*Barbiturate*<sup>[1]</sup>

Thiopental is a [High Risk Medicine](#).

### INDICATIONS AND RESTRICTIONS

- Induction of general anaesthesia<sup>[1, 2]</sup>
- Short term control of refractory status epilepticus<sup>[1, 2]</sup>

### CONTRAINDICATIONS

- Hypersensitivity to thiopental or any component of the formulation<sup>[3]</sup>
- Hypersensitivity to other barbiturates<sup>[1]</sup>
- Porphyria<sup>[1, 2]</sup>
- Myotonic dystrophy<sup>[2]</sup>
- Constrictive pericarditis<sup>[3]</sup>
- Complete absence of suitable veins<sup>[3]</sup>
- Status asthmaticus or if an adequate airway cannot be maintained<sup>[3]</sup>

**PRECAUTIONS**

**Thiopental should only be given under the strict supervision of an anaesthetist/doctor skilled in the management of artificial respiration, and only when facilities are instantly available for endotracheal intubation and providing adequate ventilation of the patient.**

- Asthma – Thiopental can cause bronchospasm. Consider an alternative agent if available<sup>[1]</sup>
- Patients with severe respiratory compromise – further respiratory depression can occur. Use with caution<sup>[1]</sup>
- Neuromuscular disorders (including myasthenia gravis, muscular dystrophies and myotonias) – respiratory depression may be prolonged or potentiated. Reduce dose<sup>[1]</sup>
- Severe cardiovascular disease, hypotension, dehydration, hypovolaemia, severe haemorrhage, burns, shock, adrenal insufficiency, myxoedema, uraemia, severe anaemia – Use with extreme caution. May prolong or potentiate hypnotic effect<sup>[1, 3]</sup>
- Hepatic and renal dysfunction – Use with caution. Hypnotic effect may be prolonged<sup>[4, 5]</sup>

**FORMULATIONS**

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- Thiopental Sodium 470 mg vial (OmegaPharm®)

Note: Different brand products are not equivalent.

Imprest location: [Formulary One](#)

**DOSAGE & DOSAGE ADJUSTMENTS****Intravenous:**

**Thiopental is only to be prescribed in a critical care setting under the direction of a doctor competent in airway management such as an Anaesthetist, Emergency Department Physician, Intensivist or Neonatologist**

Refractory prolonged status epilepticus (≥ 4 weeks old):

- **Loading Dose:** 2 – 4 mg/kg<sup>[2, 5]</sup>
  - Doses up to 7 mg/kg can be used.<sup>[5]</sup>

Following a loading dose, a continuous infusion may be initiated if required.<sup>[2]</sup>

- **Continuous Infusion:** 0.5 – 8 mg/kg/hour. Titrate to effect.<sup>[2]</sup>

Induction of Anaesthesia (> 4 weeks old):

- **Loading Dose:** up to 4 mg/kg<sup>[2]</sup>

Further 1 mg/kg doses can be given if required to a maximum of 7 mg/kg per course.<sup>[2]</sup>

**Renal impairment:**

- Use with caution in severe impairment – reduce dose by 75% in patients with a GFR less than 10 mL/minute<sup>[4, 5]</sup>
- [eGFR calculator](#)

**Hepatic impairment:**

- Use with caution – dose reduction may be required. Hypnotic effect may be prolonged. <sup>[2,4,5]</sup>

**RECONSTITUTION & ADMINISTRATION**

**Reconstitution:**

Thiopental Sodium 470 mg vial (OmegaPharm):

- Reconstitute vial with 9.4 mL of water for injection to make a final concentration of 50 mg/mL<sup>[6,7]</sup>

**Administration:**

**Thiopental is only to be prescribed in a critical care setting under the direction of a doctor competent in airway management such as an Anaesthetist, Emergency Department Physician, Intensivist or Neonatologist**

- Flush IV cannula with sodium chloride 0.9% after each dose to avoid re-sedation during recovery<sup>[7]</sup>
- Extravasation Risk – monitor frequently for signs of extravasation<sup>[7]</sup>

Intravenous Injection:

- Give undiluted or dilute dose to between 20 - 50 mg/mL<sup>[7]</sup>
- Administer over at least 20 seconds<sup>[7]</sup>

Intermittent Infusion:

- Give undiluted or dilute dose to between 20 - 50 mg/mL<sup>[7]</sup>
- Infuse over 10 minutes to 1 hour<sup>[7]</sup>

Continuous Infusion - CVAD:

Patient's Weight	Concentration (In Sodium Chloride 0.9% or Glucose 5%)
All Patients	470 mg in 50 mL (9.4 mg/mL)
All Patients – HIGH concentration (Fluid Restricted Patients)	940 mg in 50 mL (18.2 mg/mL)

**COMPATIBILITY (LIST IS NOT EXHAUSTIVE)**

**Compatible fluids:**

Glucose 5%, sodium chloride 0.9%, sodium chloride 0.45%<sup>[6]</sup>

**Compatible at Y-site:**

Plasma-Lyte-148<sup>[6]</sup>

*Only commonly used drugs are listed below. This is not a complete list of incompatible drugs. [Compatibilities of IV drugs](#) must be checked when two or more drugs are given concurrently.*

**INCOMPATIBLE drugs:**

Adrenaline (epinephrine) hydrochloride, benzylpenicillin, calcium salts, dobutamine, dopamine, fentanyl, foscarnet, hydromorphone, lidocaine, linezolid, methadone, metaraminol, midazolam, morphine sulfate, noradrenaline (norepinephrine), ondansetron, pethidine, phenylephrine, piperacillin-tazobactam, potassium acetate, potassium chloride, promethazine, rocuronium, sodium bicarbonate, suxamethonium, vecuronium<sup>[6]</sup>

**MONITORING**

- Heart rate<sup>[8]</sup>
- Blood pressure<sup>[8]</sup>
- Respiratory rate<sup>[8]</sup>
- Neuromuscular function and degree of muscle paralysis (e.g. presence of spontaneous movement, ventilator asynchrony, shivering)<sup>[8]</sup>
- Extravasation injury<sup>[1]</sup>
- Cardiac function<sup>[8]</sup>
- Cognitive deficits post administration<sup>[8]</sup>
- Urea and electrolyte levels (consider monitoring during infusion duration and for 24 hours post cessation due to the risk of rebound hypersalaemia)<sup>[2]</sup>

**ADVERSE EFFECTS**

**Common:** transient erythema noted as blushing, hypotension, respiratory and myocardial depression, prolonged somnolence with repeated doses<sup>[1]</sup>

**Infrequent:** laryngospasm (during light anaesthesia), pain at injection site<sup>[1]</sup>

**Rare:** anaphylaxis, bronchospasm<sup>[1]</sup>

**STORAGE**

- Vial: Store below 25°C<sup>[3]</sup>

**INTERACTIONS**

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

**\*\*Please note:** The information contained in this guideline is to assist with the preparation and administration of **Thiopental**. Any variations to the doses recommended should be clarified with the prescriber prior to administration\*

## Related CAHS internal policies, procedures and guidelines

### [High Risk Medicines](#)

#### References

1. AMH Australian Medicines Handbook Pty Ltd. Thiopental. Australian Medicines Handbook [Online]: Australian Medicines Handbook Pty Ltd. Accessed December 12, 2024. <https://amhonline-amh-net-au.pklibresources.health.wa.gov.au/chapters/anaesthetics/general-anaesthetics/iv-general-anaesthetics/thiopental?menu=hints>
2. British National Formulary for Children. Thiopental Sodium. BMJ Publishing Group Ltd. Accessed December 12, 2024. [https://www-medicinescomplete-com.pklibresources.health.wa.gov.au/#/content/bnfc/\\_594878774?hspl=Thiopental%20sodium](https://www-medicinescomplete-com.pklibresources.health.wa.gov.au/#/content/bnfc/_594878774?hspl=Thiopental%20sodium)
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8. AusDI. Omegapharm Thiopental Sodium 470 mg Powder for Injection. Telstra Health [Online]. Accessed January 2, 2025. <https://ausdi-hcn-com-au.pklibresources.health.wa.gov.au/productInformation.hcn?file=p03025>

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<b>Document Owner:</b>	Chief Pharmacist		
<b>Reviewer / Team:</b>	Senior Pharmacist, Paediatric Critical Care Consultant, Paediatric Critical Care Clinical Nurse Specialist, Nursing Clinical Nurse Specialist, Emergency Medicine Consultant, Anaesthesia and Pain Medicine Consultant		
<b>Date First Issued:</b>	Jun 2025	<b>Last Reviewed:</b>	May 2025
<b>Amendment Dates:</b>		<b>Next Review Date:</b>	May 2028
<b>Approved by:</b>	PCHN Medication Safety Committee	<b>Date:</b>	May 2025
<b>Endorsed by:</b>	CAHS Drug and Therapeutics Committee	<b>Date:</b>	Jun 2025
<b>Standards Applicable:</b>	NSQHS Standards:   NSMHS: N/A Child Safe Standards: N/A		

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## Healthy kids, healthy communities

Compassion

Excellence

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