Octreotide

Somatostatin analogue used in the management of sulphonylurea poisoning

Indications

Hypoglycaemia (blood glucose concentration < 4.0 mmol/L)

Due to:

- Intentional sulphonylurea overdose
- Therapeutic sulphonylurea-induced hypoglycaemia
- Refractory hypoglycaemia in insulin overdose (patient with type 2 Diabetes Mellitus)
- 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 available to monitor blood glucose concentration and treat any episodes of hypoglycaemia

Octreotide can be administered via both subcutaneous and intravenous routes.

Subcutaneous route (*preferred route of administration*):

- **Adults:** 1-2 mcg/kg (up to 100 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 (up to 50 mcg) 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 following cessation of octreotide
- Patient tolerating normal oral intake