

Nitric Oxide — for Inhalation



Product Name

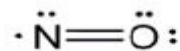
Generic name: Nitric Oxide for Inhalation

Ingredient

The main ingredient is nitric oxide.

Chemical name: Nitric oxide

Chemical structural formula:



Chemical formula: NO

Molecular weight: 30.01

Description

This drug is inhaled gas containing nitric oxide, in which nitric oxide is the active component and nitrogen is the excipient. This drug is stored in aluminum cylinder in the form of compressed gas.

Indication

This drug is indicated to improve oxygenation and reduce the need for extracorporeal membrane oxygenation in term and near-term (>34 weeks gestation) neonates with hypoxic respiratory failure associated with clinical or echocardiographic evidence of pulmonary hypertension in conjunction with ventilatory support and other appropriate agents.

Strength

800 PPM

Dosage and administration**Usage**

This drug should be used in ventilated newborn infants expected to require support >24 hours.

This drug should be used only after respiratory support has been optimized. This includes optimizing tidal volume/pressures and lung recruitment (surfactant, high frequency ventilation, and positive end expiratory pressure).

Prescription of this drug should be supervised by a physician experienced in neonatal intensive care.

This drug should be used in clinics where neonatal artificial ventilation as well as rescue and resuscitation are available.

Dosage

The recommended dose is 20 PPM.

Generally, the dose is maintained at 20 PPM for 4 hours after the start of administration, then the dose can be weaned to 5 PPM provided that arterial oxygenation is adequate at this lower dose evaluated by doctors within 4-24 hours of therapy, and the therapy should be maintained at 5 PPM until the FiO_2 (fraction of inspired oxygen) < 0.60.

The treatment needs to be maintained until the potential hypoxia is solved, or the doctor evaluates that the neonate no longer needs to use this drug. The maintenance treatment time is usually less than 4 days (96 hours). If the oxygenation level has not improved significantly after 4 days of maintenance treatment, the suitability of the treatment plan should be reassessed. If it is necessary to continue using this drug after evaluated by doctor, the maximum administration time should not exceed 14 days.

Doses greater than 20 PPM are not recommended. (See [precautions])