℞ *For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only .*

Sterile Noradrenaline Concentrate IP 0.2% w/v

AdrenAeq®-Nor एड्रिनेक-नॉर

For IV Infusion after Dilution

Composition :
Each mL contains :
Noradrenaline Bitartrate IP 0.2 % w/v
Water for Injection IP q.s.

DESCRIPTION: Noradrenaline is a sympathomimetic amine which differs from adrenaline by the absence of a methyl group on the nitrogen atom. It is supplied in sterile aqueous solution in the form of the bitartrate salt to be administered by intravenous infusion following dilution.

CLINICAL PHARMACOLOGY: It functions as a peripheral vasoconstrictor (alpha-adrenergic action) and as an inotropic stimulator of the heart and dilator of coronary arteries (beta-adrenergic action)

INDICATIONS AND USAGE: For blood pressure control in certain acute hypotensive states (e.g.pheochromocytomectomy, sympathectomy, poliomyelitis, spinal anaesthesia, myocardial infraction, septicemia, blood transfusion and drug reactions). As an adjunct in the treatment of cardiac arrest and profoun

CONTRAINDICATIONS & DRUG INTERACTIONS: It should not be given to patients who are hypotensive from blood volume deficits excepts as an emergency measure to maintain coronary and cerebral artery perfusion until blood volume replacement therapy can be completed. If it is continuously administered to maintain blood pressure in the absence of blood volume replacement, the following may occur; severe peripheral and visceral vasoconstriction, decreased renal perfusion and urine output, poor systemic blood flow despite “normal” blood pressure, tissue hypoxia, and lactate acidosis.

It should also not be given to patients with mesenteric or peripheral vascular thrombosis (because of the risk of increasing ischemia and extending the area of infarction) unless, in the opinion of the attending physician, its administration is necessary as a life-saving procedure.

Cyclopropane and halothane anesthetics increase cardiac autonomic irritability and therefore seem to sensitize the myocardium to the action of intravenously administered adrenaline or noradrenaline. Hence, its use during cyclopropane and halothane anesthesia is generally considered contraindicated because of the risk of producing ventricular tachycardia or fibrillation.

The same type of cardiac arrhythmias may result its use in patients with profound hypoxia or hypercarbia.

WARNINGS: It should be used with extreme caution in patients receiving monoamine oxidase inhibitors (MAOI) or antidepressants of the triptyline or impramine types, because severe, prolonged hypertension may result.

PRECAUTION: Because Its potency and varying response to pressor substances, the possibility always exists that dangerously high blood pressure may be produced with overdose of this pressor agent. It is desirable, therefore, to record the blood pressure every two minutes from the time administration is started until the desired blood pressure is obtained, then every five minutes if administration is to be continued.

ADVERSE REACTIONS: The following reactions can occur: Body as a Whole : Ischemic Injury due to potent vasoconstrictor action tissue hypoxia.
Cardiovascular System : Bradycardia, probably as a reflex result of a rise in blood pressure, arrhythmias.
Nervous System Anxiety, transient headache.
Respiratory System : Respiratory difficulty.
Skin and Appendages : Extravasations necrosis at injection site.

DOSAGE AND ADMINISTRATION: Noradrenaline Bitartrate Injection is a concentrated, potent drug which must be diluted in dextrose containing solutions prior to infusion. Its infusion should be given into a large vein (see PRECAUTIONS).

Restoration of Blood Pressure in Acute Hypotensive States: Blood volume depletion should always be corrected as fully as possible before any vasopressor is administered. When, as an emergency measure, intraaortic pressure must be inaintained to prevent cerebral or coronary artery ischemia, It can be administered before and concurrently with blood volume replacement.

Diluent : It should be diluted in 5 percent dextrose injection or 5 percent dextrose and sodium chloride injections. These dextrose containing fluids are protection against significant loss of potency due to oxidation. Administration in saline solution alone is not recommended. Whole blood or plasma, if indicated to increase blood volume, should be administered separately (for example, by use of a Y-tube and individual containers if given simultaneously).

Fluid Intake: The degree of dilution depends on clinical fluid volume requirements. If large volumes of fluids (dextrose) are needed at a flow rate that would involve an excessive dose of the pressor agent per unit of time, a solution more dilute that 4 mcg per ml should be used. On the other hand, when large volumes of fluid are clinically undesirable, a concentration greater than 4 mg per ml may be necessary.

Duration of Therapy : The infusion should be continued until adequate blood pressure and tissue perfusion are maintained without therapy. Its Infusion should be reduced gradually, avoiding abrupt withdrawal. In some of the reported cases of vascular collapse due to acute myocardial infarction, treatment was required for up to six days.

Adjunctive Treatment in Cardiac arrest, its infusion usually administered intravenously during cardiac resuscitation to restore and maintain an adequate blood pressure after an effective heartbeat and ventilation have been established by other means (product's powerful beta-adrenergic stimulating actions is also through to increase the strength and effectiveness of systolic contractions once they occur).
Average Dosage : To maintain systemic blood pressure during the management of cardiac arrest, It is used in the same manner as described under Restoration of Blood Pressure in Acute hypotensive states.

STORAGE: Store below 30°C. Protect from light & moisture. Do not freeze.
Keep the medicine out of reach of children.
PRESENTATION: AdrenAeq-Nor Injection is available 5 x 2 mL Ampoules packed in mono carton with tray.

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Aequitas Healthcare Pvt. Ltd.
(ISO 9001:2015 Certified)
305, Jaisingh Business Centre,
119, Sahar Road, Andheri (East),
Mumbai - 400 099
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email us on care@ahcpl.in

Manufactured in India by :
Kaliberr BioScience Pvt. Ltd.
Survey No. 444/1, Koshimba Road, Khadki,
Lakhmapur,Tal: Dindori, Nashik,
Pin Code - 422202, Maharashtra, India

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