How will I receive Metoclopramide Injection?

• high blood pressure
• Parkinson's disease
• have an adrenal gland tumor called pheochromocytoma
• if you have diabetes
• if you stop taking Metoclopramide.

Intravenous Use
Metoclopramide Injection may be used to stimulate gastric emptying and intestinal transit of foods or medications. It is also used to provide gastric control in patients with cancer chemotherapy.

The adult dosage is 1 to 3 mg/min for 30 min IV infusion. The dose may be repeated every 4 hours if needed. The total dose should not exceed 10 mg/min for any single infusion. Some may use a maximum dose of 10 mg/min (3 mg/kg/hr) for up to 2 hours, followed by 0.3 mg/kg/hr for up to 24 hours. Some may adjust dosage according to response. For patients who receive more than one 30 min IV infusion per day, the initial dosage may be reduced to 0.3 to 0.5 mg/min for each 30 min infusion. The dosage may be increased up to 0.7 mg/min for each 30 min infusion in patients who require a greater rate of administration. The dosage may be increased in increments of 0.1 mg/min for each 30 min infusion until the desired effect is achieved or in increments of 0.3 mg/min for each 30 min infusion if the desired effect is not achieved.

Dosage and Administration

Adult Pharmacokinetic Data

Metoclopramide is readily absorbed following oral administration and following parenteral administration. It is metabolized extensively in the liver and excreted primarily in the urine. The elimination half-life is approximately 3 hours. The plasma concentration of metoclopramide is directly proportional to the dose administered. About 10% of the dose is excreted in the stool and approximately 80% of the dose is excreted in the urine. The maximum plasma concentration occurs in about 1 hour. The peak plasma concentration following an oral dose is about 5 mg and increase through 20 mg (the largest dose tested). The increase in LESP from a 5 mg single oral doses of metoclopramide produce dose-related increases in LESP. Effects begin at about 30 min IV infusion, with a peak at about 60 min. The plasma concentration of metoclopramide is directly proportional to the dose administered. About 10% of the dose is excreted in the stool and approximately 80% of the dose is excreted in the urine. The maximum plasma concentration occurs in about 1 hour. The peak plasma concentration following an oral dose is about 5 mg and increase through 20 mg (the largest dose tested). The increase in LESP from a 5 mg single oral doses of metoclopramide produce dose-related increases in LESP. Effects begin at about 30 min IV infusion, with a peak at about 60 min.

Dosage and Administration

Pediatric Use

Intravenous administration of Metoclopramide Injection diluted in a parenteral solution should be given with a minimum of 50 mL of fluid. The dosage may be increased up to 0.7 mg/min for each 30 min infusion in patients who require a greater rate of administration. The dosage may be increased in increments of 0.1 mg/min for each 30 min infusion until the desired effect is achieved or in increments of 0.3 mg/min for each 30 min infusion if the desired effect is not achieved.

Other Special Populations

Experiences in patients with a renal impairment (creatinine clearance 10 to 30 mL/min) have demonstrated no impairment of fertility or significant harm to the fetus due to metoclopramide therapy. Therefore, metoclopramide therapy is not expected to have an adverse effect on fertility. In addition, in patients with renal failure, the drug is excreted predominantly by the kidney, and the clearance of metoclopramide is significantly reduced in patients with renal dysfunction. The dosage may need to be reduced in patients with renal impairment. The dosage may need to be reduced in patients with renal impairment.

PRECAUTIONS

Extrapyramidal Reactions

The finding that metoclopramide releases catecholamines in patients with essential hypertension has been confirmed in animal studies. Metoclopramide may impair the mental and/or physical abilities required for the performance of tasks involving skill, judgment, or coordination, including the operation of hazardous machinery, with the potential for aspiration pneumonia. Do not use in patients with a history of extrapyramidal reactions. These reactions may be more common in the pediatric population than in adults. (See PRECAUTIONS). In general, the number of adverse reactions correlates with the dose and duration of therapy. The most common reaction is dystonic reaction (TD). This reaction is characterized by involuntary, sustained contraction of muscles about the jaw, neck, or other parts of the face. Other extrapyramidal reactions include acute dystonia, akathisia, and dyskinesia. These reactions are usually associated with the use of higher doses of metoclopramide, although they may occur at lower doses. The risk of developing Parkinsonian-like side effects increases with ascending dose. Geriatric patients may be more susceptible to extrapyramidal reactions. Parkinsonian-like Symptoms

The effects of metoclopramide on gastrointestinal motility are antagonized by anticholinergic drugs and narcotic analgesics. Additive sedative effects can occur when metoclopramide is given with other drugs that have CNS depressant properties. Metoclopramide should not be used in patients with a history of extrapyramidal reactions. These reactions may be more common in the pediatric population than in adults. (See PRECAUTIONS). In general, the number of adverse reactions correlates with the dose and duration of therapy. The most common reaction is dystonic reaction (TD). This reaction is characterized by involuntary, sustained contraction of muscles about the jaw, neck, or other parts of the face. Other extrapyramidal reactions include acute dystonia, akathisia, and dyskinesia. These reactions are usually associated with the use of higher doses of metoclopramide, although they may occur at lower doses. The risk of developing Parkinsonian-like side effects increases with ascending dose. Geriatric patients may be more susceptible to extrapyramidal reactions. Parkinsonian-like Symptoms

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**Metoclopramide Injection, USP**

**Description**

**Actions**

Metoclopramide is a dopamine (D2) receptor agonist with a high affinity for the D2 receptor. It is a peripheral dopaminergic agonist with prokinetic effects on the gastrointestinal tract. This prokinetic action is believed to be mediated primarily by the stimulation of the dopamine D2 receptors in the central nervous system, which results in the release of acetylcholine from vagal nerve terminals in the upper gastrointestinal tract. This action increases gastric motility and reduces gastric acid secretion.

**Indications**

- **For the Prevention of Postoperative Nausea and Vomiting**
- **For the Relief of Symptoms Associated with Diabetic Gastroparesis (Diabetic Gastric Stasis)**
- **To Aid in Radiological Examinations**
- **Chemotherapy**

**Contraindications**

- Hypersensitivity to metoclopramide or any component of the formulation.
- **Cautions**
  - Pregnancy and lactation.
  - Geriatric patients.
  - Patients with hepatic or renal disease.
  - Patients with a history of neuroleptic malignant syndrome (NMS).

**Usage**

- **For the Prevention of Postoperative Nausea and Vomiting**
  - 10 mg/2 mL (5 mg/mL) in a pre-filled disposable single-use syringe.
- **For the Relief of Symptoms Associated with Diabetic Gastroparesis (Diabetic Gastric Stasis)**
  - 2 mg/kg if highly emetogenic drugs such as cisplatin or dacarbazine are given.
- **To Aid in Radiological Examinations**
  - 5 mg/mL in a pre-filled disposable single-use syringe.

**Administration**

- **For the Prevention of Postoperative Nausea and Vomiting**
  - Intramuscularly, and the symptoms usually will subside.
  - If acute dystonic reactions should occur, inject 50 mg Benadryl® (diphenhydramine hydrochloride) (without freezing) after preparation if protected from light. All dilutions may be stored unprotected.
- **For the Relief of Symptoms Associated with Diabetic Gastroparesis (Diabetic Gastric Stasis)**
  - The initial two doses should be 2 mg/kg if highly emetogenic drugs such as cisplatin or dacarbazine are given.
  - Doses of 10 mg may be increased or decreased as appropriate.

**Adverse Reactions**

- **Dystonic Reactions**
  - Rarely, angioneurotic edema, including glossal or laryngeal edema.
  - Methemoglobinemia can occur in premature and full-term neonates who were given overdoses with these overdoses, events include seizures, extrapyramidal reactions, and lethargy.
- **Other Adverse Reactions**
  - Rarely, methemoglobinemia, methemoglobinemia in adults.
  - A few cases of neutropenia, leucopenia, or agranulocytosis, generally without clear-cut relationship

**Precautions**

- Do not drink alcohol while receiving Metoclopramide Injection. Alcohol may make some side effects worse.
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**What should I avoid while receiving Metoclopramide Injection?**

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**What are the possible side effects of Metoclopramide Injection?**

- Nausea
- Vomiting
- Dizziness
- Fatigue
- Headache
- Sleepiness
- Dry mouth
- Stomach pain
- Constipation
- Diarrhea
- Cold or flu symptoms
- General Body: Fatigue and weakness

**Drug Interactions**

- Metoclopramide can increase the effects of other drugs that can cause similar side effects, such as Parkinsonism.
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**Mutual Exclusions**

- Metoclopramide can interact with other drugs that cause similar side effects, such as Parkinsonism.
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