Sodium Nitroprusside – Standard concentration | 2025

Newborn use only

<table>
<tr><td>Alert</td><td>High risk medication.
Protect from light to avoid degradation.
Acts within minutes. Monitor blood pressure (BP) closely to avoid life-threatening hypotension.(1)
It should only be used as a short duration therapy in the operating room, ICU, cardiac care unit where continuous close monitoring by experienced providers is available.(1)
Can cause a rare but potentially life threatening cyanide intoxication.(1, 2)
Concomitant administration with sildenafil is contraindicated.</td></tr>
<tr><td>Indication</td><td>Acute severe hypertension.(3-5)
Post cardiac surgery – To reduce afterload in conditions with left ventricular dysfunction.(6, 7)
Post aortic surgery (e.g. coarctation of aorta repair) with acute hypertension.(1)
Hypertensive acute heart failure.(8)</td></tr>
<tr><td>Action</td><td>Direct arteriolar and venous vasodilator.(9) Nitroprusside spontaneously releases nitric oxide, which activates the soluble form of guanylate cyclase producing increased levels of cyclic guanosine monophosphate (cGMP). Nitroprusside causes dose-dependent dilation of systemic and pulmonary arterial resistance and venous capacitance vessels.(6) In heart failure, decreases systemic vascular resistance (afterload) and left ventricular filling pressure (preload) and increases cardiac output.</td></tr>
<tr><td>Drug type</td><td>Antihypertensive, vasodilator.</td></tr>
<tr><td>Trade name</td><td>DBL Sodium nitroprusside 50 mg/2 mL</td></tr>
<tr><td>Presentation</td><td>50 mg/2 mL vial (DBL brand)</td></tr>
<tr><td>Dose</td><td>0.5-2 microgram/kg/min (range 0.2 – 6 microgram/kg/min).(1, 10, 11)
Generally commence treatment at 0.5 microgram/kg/min and increase by 0.5 microgram/kg/min every 15-20 minutes titrating to clinical response and toxicity.
Infusion rates should remain below 2 microgram/kg/min, and it is recommended to reserve higher doses up to 6 microgram/kg/min for short periods to establish urgent blood pressure control.(3, 12)</td></tr>
<tr><td>Dose adjustment</td><td>Therapeutic hypothermia – No information.
ECMO – No information.
Renal impairment – Consider other vasoactive agents if prolonged or high doses are required.
Hepatic impairment – Consider other vasoactive agents if prolonged or high doses are required.</td></tr>
<tr><td>Maximum dose</td><td>6 microgram/kg/min.(3)</td></tr>
<tr><td>Route</td><td>Intravenous</td></tr>
<tr><td>Preparation</td><td><u>IV infusion</u>:
Note: Refer to Appendix for tables to assist with concentration selection.

Weight suggestions for infusion concentrations below are a guide only. Clinicians may choose infusion concentration different to the suggested based on expected dose and the corresponding 24-hour fluid volumes
<table>
<tr><td>Infant weight</td><td><1.5 kg</td><td>≥1.5 to 4 kg</td><td>>4 kg</td></tr>
<tr><td>Suggested sodium nitroprusside concentration</td><td>100 microgram/mL</td><td>400 microgram/mL</td><td>800 microgram/mL</td></tr>
<tr><td>0.5 microgram/kg/min is equal to</td><td>0.3 mL/kg/hour</td><td>0.075 mL/kg/hour</td><td>0.0375 mL/kg/hour</td></tr>
</table>
<u>20mL Syringe</u>
It is a 2-step dilution.
Step 1: Draw up sodium nitroprusside and add compatible fluid* to make a diluted solution as per table below:
<table>
<tr><td>Sodium nitroprusside concentration</td><td>100 microgram/mL</td><td>400 microgram/mL</td><td>800 microgram/mL</td></tr>
<tr><td>Volume of sodium nitroprusside (25 mg/mL)</td><td>1 mL
(25 mg)</td><td>1 mL
(25 mg)</td><td>1 mL
(25 mg)</td></tr>
<tr><td>Volume of compatible fluid*</td><td>24 mL</td><td>24 mL</td><td>24 mL</td></tr>
</table>
</td></tr>
</table>

	<table><tr><td>**Total volume**</td><td>25 mL **(1000 microgram/mL)**</td><td>25 mL **(1000 microgram/mL)**</td><td>25 mL **(1000 microgram/mL)**</td></tr></table> **Step 2:** Draw up diluted sodium nitroprusside and add compatible fluid* as per table below to make a final volume of 20 mL <table><tr><th>Sodium nitroprusside concentration</th><th>100 microgram/mL</th><th>400 microgram/mL</th><th>800 microgram/mL</th></tr><tr><td>**Volume of diluted sodium nitroprusside from step 1**</td><td>2 mL (2000 microgram)</td><td>8 mL (8000 microgram)</td><td>16 mL (16 000 microgram)</td></tr><tr><td>**Volume of compatible fluid***</td><td>18 mL</td><td>12 mL</td><td>4 mL</td></tr><tr><td>**Total volume**</td><td>20 mL</td><td>20 mL</td><td>20 mL</td></tr></table>* Compatible fluid: glucose 5% only **50mL Syringe** It is a 2-step dilution for the 100 and 400 microgram/mL solutions. It is a 1-step dilution for the 800 microgram/mL solution. **Step 1**: Draw up sodium nitroprusside and add compatible fluid* to make a diluted solution as per table below: <table><tr><th>Sodium nitroprusside concentration</th><th>100 microgram/mL</th><th>400 microgram/mL</th><th>800 microgram/mL</th></tr><tr><td>**Volume of sodium nitroprusside (25 mg/mL)**</td><td>1 mL (25 mg)</td><td>1 mL (25 mg)</td><td>1.6 mL (40 mg)</td></tr><tr><td>**Volume of compatible fluid***</td><td>24 mL</td><td>24 mL</td><td>48.4 mL</td></tr><tr><td>**Total volume**</td><td>25 mL **(1000 microgram/mL)**</td><td>25 mL **(1000 microgram/mL)**</td><td>50 mL</td></tr></table> **Step 2:** Draw up diluted sodium nitroprusside and add compatible fluid* as per table below to make a final volume of 50 mL <table><tr><th>Sodium nitroprusside concentration</th><th>100 microgram/mL</th><th>400 microgram/mL</th></tr><tr><td>**Volume of diluted sodium nitroprusside from step 1**</td><td>5 mL (5000 microgram)</td><td>20 mL (20 000 microgram)</td></tr><tr><td>**Volume of compatible fluid***</td><td>45 mL</td><td>30 mL</td></tr><tr><td>**Total volume**</td><td>50 mL</td><td>50 mL</td></tr></table>* Compatible fluid: glucose 5% only
Administration	Continuous IV infusion using light safe infusion set, cover syringe with aluminium foil or light protective material.
Monitoring	Monitor BP closely. Measure thiocyanate levels if used for longer than three days or patient receiving high doses (≥ 3 microgram/kg/min).
Contraindications	Hypersensitivity to nitroprusside or other components.[13] Acute heart failure associated with reduced peripheral vascular resistance.[13] Compensatory hypertension (aortic coarctation or arteriovenous shunting).[13] Concomitant sildenafil.[13] Congenital (Leber) optic atrophy.[13] Inadequate cerebral circulation.[13] Systemic hypertension associated with raised intracranial pressure, and in patients with cerebrovascular disease where lowering blood pressure may cause ischaemia/stroke.
Precautions	Severe hepatic or renal impairment, impaired cerebral circulation, hypothyroidism, hyponatraemia; hypothermia.

	Can cause sudden and profound decrease in blood pressure. Prolonged infusions and renal impairment increases the risk of cyanide toxicity, metabolic (lactic) acidosis and death. Discontinue and give antidote.
Drug interactions	Ganglion blocking agents and other antihypertensive agents, volatile liquid anaesthetics, inhaled anaesthetics, negative inotropes and most other circulatory depressants potentiate the hypotensive action of sodium nitroprusside. The transition from sodium nitroprusside to oral antihypertensive therapy may predispose to severe, sudden hypertension. Concomitant administration with sildenafil can enhance the hypotensive effect of nitroprusside resulting in potentially life threatening hypotension and should be avoided.
Adverse reactions	Bradycardia, severe hypotension, flushing, palpitation, substernal pain. May cause tachycardia. ECG changes, restlessness, hypothyroidism, abdominal pain, intestinal obstruction, nausea. Methemoglobinaemia Cyanide or thiocyanate toxicity: Cyanide toxicity (normal range < 0.2 microgram/mL; toxic > 2 microgram/mL): Tachycardia, sweating, hyperventilation, arrhythmias, marked metabolic/lactic acidosis. Thiocyanate toxicity - Symptoms may occur at levels > 35 microgram/mL. Seizures, muscle spasms and vomiting may appear at 50-100 microgram/mL. Treatment should be discontinued if levels are > 120 microgram/mL. Raised intracranial tension (rare).[13]
Overdose	AUSTRALIA: Contact the Poisons Information Centre on **13 11 26** for management. NEW ZEALAND: Contact the National Poisons Centre on **0800 764 766** for management.
Compatibility	**Fluids:** Glucose 5% only **PN at Y-site:** TPN (2-in-1) Total Parenteral Nutrition Admixture. No information on fat emulsions **Y site**: Adrenaline (epinephrine), alprostadil, amikacin, azithromycin, amphotericin B (liposomal), anidulafungin, aztreonam, bivalirudin, calcium chloride, calcium gluconate, cefaZOLin, cefOTAXIME, cefOXITIN, clindamycin phosphate, dexAMETHASOne, dexMEDETOMIDine, digoxin, dopamine, ertapenem sodium, esmolol, fentanyl, flucONAZOLe, furosemide, ganciclovir, gentamicin, heparin, hydrocortisone, HYDROmorphone, indomethacin, isovuconazole, insulin aspart, insulin regular, labetalol hydrochloride, lidocaine hydrochloride, linEZOLID, LORazepam, magnesium sulfate, mannitol, meropenem, methylprednisolone, metronidazole, micafungin, midazolam, milrinone, morphine sulfate, naloxone, nitroglycerine, norepinephrine, octreotide, ondansetron, pancuronium, phenobarbital sodium, benzylpenicillin, piperacillin sodium-tazobactam sodium, potassium chloride, propofol, rocuronium bromide, sodium acetate, sodium bicarbonate, sugammadex, suxamethonium, tacrolimus, tigecycline, tobramycin, vancomycin, vasopressin, vecuronium.
Incompatibility	**Fluids**: **Y-site**: Aciclovir, cefTAZIDIME, diazepam, diazoxide Injection, hydralazine hydrochloride, trimethoprim-sulfamethoxazole, levofloxacin, phenytoin, voriconazole. **Variable at Y-site:** AmiODARONe hydrochloride, ampicillin sodium, cisatracurium besylate, dobutamine hydrochloride, imipenem-cilastatin sodium, pantoprazole, sodium thiosulfate
Stability	Prepare immediately before use. Discard any unused solution. Discard if the solution changes to dark brown, blue, green, red or contains visible particulates.[3, 4] For continuous infusion: Diluted solution should be used within 24 hours.
Storage	Store below 25°C. Protect from light.
Excipients	Water for injections
Special comments	Ensure adequate circulating blood volume.
Evidence	**Efficacy** Sodium nitroprusside (SNP) is used for both operative and non-operative control of hypertension. SNP infusions are occasionally used during cardiopulmonary bypass (CPB) to (a) achieve uniform perfusion for cooling, (b) treat increased blood pressures, and (c) speed the rewarming process.[4, 5] Data on neonates are limited to case reports and retrospective series.[2, 3, 12, 14, 15] SNP was administered to 58 neonates, all refractory to conventional intensive therapy. Sodium nitroprusside was found to be effective and safe in

	this group. SNP was infused at 0.2 to 6.0 microgram/kg/min for periods of 10 minutes to 126 hours. Toxic effects were not observed.[3] Deliu reported a case of preterm infant (30^{+2} week gestation) with hypertensive crisis on day 3 of life requiring nitroprusside which was commenced at 1 microgram/kg/minute and increased up to 3 microgram/kg/minute. SNP was gradually reduced slowly at 0.2 microgram every 2 hours and stopped on day 7.[12] **Safety** Each SNP molecule contains 5 cyanide molecules that are released during enzymatic breakdown of the SNP molecule to an unstable radical state. One of these cyanide molecules binds with a methemoglobin molecule, formed during the enzymatic breakdown of the SNP molecule, to form cyanomethemoglobin. The remaining 4 cyanide molecules are transformed into thiocyanate. There is a concern of cyanide toxicity with nitroprusside therapy. A case of SNP induced cyanide toxicity was reported in a 3-week old newborn with major renal anomaly and renal dysfunction in which serum thiocyanate levels never reached levels normally considered to be toxic. SNP was titrated to a dose of 8 microgram/kg/min in this case. The neonate experienced severe bradycardia and hypotension 12 hours after reaching and maintaining the maximum infusion rate. These adverse effects were attributed to cyanide toxicity, even though the patient's serum thiocyanate level was only 2 mg/dL.[14] Schulz et al reported a neonate who received SNP at 2–5 microgram/kg/min in the first few days after birth. After 30 hours of treatment, cyanide accumulation was found to have reached toxic levels. Intravenous administration of 100 mg/kg of sodium thiosulphate promptly lowered the cyanide level.[15] In contrast, a case series of 58 neonates who received high doses (6 microgram/kg/min) for longer than 48 hours reported no clinical signs or symptoms of cyanide toxicity with very few developing elevated cyanide levels.[3] A literature review by Thomas et al found that sodium nitroprusside is generally safe in critically ill paediatric patients, but cyanide and thiocyanate toxicity may occur in patients with specific risk factors including renal dysfunction, prolonged infusion duration (≥ 24 hours) and/or high doses of nitroprusside (>2 microgram/kg/min).[16] Shorter courses (lasting < 48 hours) may be less likely to induce cyanide toxicity.[17, 18] Routine monitoring of cyanide levels may not be warranted.[16] There was also a case report of lactic acidosis in a neonate with congenital heart disease. In this case, a dose of up to 2.5 microgram/kg/minute for up to 6 days was used.[19] **Pharmacokinetics** Nitroprusside has a short half-life of 2 minutes.[6] Onset of action is immediate and the effect lasts during the infusion only and ceases immediately after cessation of infusion.[9]
Practice points	Toxicity can be minimised by avoiding prolonged administration and high doses and by limiting its use in renal impairment.
References	1. Hottinger DG, Beebe DS, Kozhimannil T, Prielipp RC, Belani KG. Sodium nitroprusside in 2014: A clinical concepts review. Journal of anaesthesiology, clinical pharmacology. 2014;30(4):462. 2. Bothof G, van Rhee KP, Koomen E, Veldhoen ES. Change in National Dosing Advice of Nitroprusside After Potentially Fatal Cyanide Intoxication. SN Comprehensive Clinical Medicine. 2020;2(5):522-5. 3. Benitz WE, Malachowski N, Cohen RS, Stevenson DK, Ariagno RL, Sunshine P. Use of sodium nitroprusside in neonates: Efficacy and safety. The Journal of pediatrics. 1985;106(1):102-10. 4. Przybylo H, Stevenson G, Schanbacher P, Backer C, Dsida RM, Hall SC. Sodium nitroprusside metabolism in children during hypothermic cardiopulmonary bypass. Anesthesia & Analgesia. 1995;81(5):952-6. 5. Tinker JH, Michenfelder JD. Sodium nitroprusside: pharmacology, toxicology and therapeutics. Anesthesiology. 1976;45(3):340-54. 6. Bronicki RA, Taylor M, Baden H. Critical heart failure and shock. Pediatric Critical Care Medicine. 2016;17(8):S124-S30. 7. Del Castillo S, Shaddy RE, Kantor PF. Update on pediatric heart failure. Current opinion in pediatrics. 2019;31(5):598-603. 8. Masarone D, Valente F, Rubino M, Vastarella R, Gravino R, Rea A, et al. Pediatric Heart Failure: A Practical Guide to Diagnosis and Management. Pediatrics & Neonatology. 2017;58(4):303-12. 9. Miller K. Pharmacological management of hypertension in paediatric patients. Drugs. 1994;48(6):868-87.

10. Moffett BS, Price JF. Evaluation of sodium nitroprusside toxicity in pediatric cardiac surgical patients. Annals of Pharmacotherapy. 2008;42(11):1600-4.
11. Thomas C, Svehla L, Moffett BS. Sodium nitroprusside induced cyanide toxicity in pediatric patients. Expert opinion on drug safety. 2009;8(5):599-602.
12. Deliu AG, Sanneerappa PBJ, Franklin O, Letshwiti J. Sodium nitroprusside, a lifesaving treatment for neonatal hypertension: an Irish experience. Case Reports. 2018;2018:bcr-2017-221856.
13. MerativeTM Micromedex® Complete IV Compatibility (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: Jan/23/2026).
14. Gilboa N, Urizar RE. Severe hypertension in newborn after pyeloplasty of hydronephrotic kidney. Urology. 1983;22(2):179-82.
15. Schulz V, Roth B. Detoxification of cyanide in a new-born child. Klinische Wochenschrift. 1982;60(10):527-8.
16. Thomas CA, Moffett BS, Wagner JL, Mott AR, Feig DI. Safety and efficacy of intravenous labetalol for hypertensive crisis in infants and small children. Pediatric Critical Care Medicine. 2011;12(1):28-32.
17. Linakis JG, Lacouture PG, Woolf A. Monitoring cyanide and thiocyanate concentrations during infusion of sodium nitroprusside in children. Pediatric cardiology. 1991;12(4):214-8.
18. López-Herce J, Borrego R, Bustinza A, Carrillo A. Elevated carboxyhemoglobin associated with sodium nitroprusside treatment. Intensive care medicine. 2005;31(9):1235-8.19. Meyer S, Baghai A, Sailer N-L, Gottschling S. Lactic acidosis caused by sodium nitroprusside in a newborn with congenital heart disease. European journal of pediatrics. 2005;164(4):253-4.

Appendix

Infusion tables to assist concentration selection

Table 1: Infusion rates when using sodium nitroprusside concentration **100 microgram/mL** (suggested for weight <1.5 kg)

Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
Weight (kg)	**Approximate micrograms/kg/minute**									
0.5	0.33	0.67	1	1.33	1.67	2	2.33	2.67	3	3.33
1	0.17	0.33	0.5	0.67	0.83	1	1.17	1.33	1.5	1.67
1.5	0.11	0.22	0.33	0.44	0.56	0.67	0.78	0.89	1	1.11
2	0.08	0.17	0.25	0.33	0.42	0.5	0.58	0.67	0.75	0.83
2.5	0.07	0.13	0.2	0.27	0.33	0.4	0.47	0.53	0.6	0.67
3	0.06	0.11	0.17	0.22	0.28	0.33	0.39	0.44	0.5	0.56
3.5	0.05	0.1	0.14	0.19	0.24	0.29	0.33	0.38	0.43	0.48
4	0.04	0.08	0.13	0.17	0.21	0.25	0.29	0.33	0.38	0.42
4.5	0.04	0.07	0.11	0.15	0.19	0.22	0.26	0.3	0.33	0.37
5	0.03	0.07	0.1	0.13	0.17	0.2	0.23	0.27	0.3	0.33

Table 2: Infusion rates when using sodium nitroprusside concentration **400 microgram/mL** (suggested for weight ≥1.5 to 4 kg)

Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
Weight (kg)	**Approximate micrograms/kg/minute**									
0.5	1.33	2.67	4	5.33	6.67	8	9.33	10.7	12	13.3
1	0.67	1.33	2	2.67	3.33	4	4.67	5.33	6	6.67
1.5	0.44	0.89	1.33	1.78	2.22	2.67	3.11	3.56	4	4.44

2	0.33	0.67	1	1.33	1.67	2	2.33	2.67	3	3.33
2.5	0.27	0.53	0.8	1.07	1.33	1.6	1.87	2.13	2.4	2.67
3	0.22	0.44	0.67	0.89	1.11	1.33	1.56	1.78	2	2.22
3.5	0.19	0.38	0.57	0.76	0.95	1.14	1.33	1.52	1.71	1.9
4	0.17	0.33	0.5	0.67	0.83	1	1.17	1.33	1.5	1.67
4.5	0.15	0.3	0.44	0.59	0.74	0.89	1.04	1.19	1.33	1.48
5	0.13	0.27	0.4	0.53	0.67	0.8	0.93	1.07	1.2	1.33

Table 3: Infusion rates when using sodium nitroprusside concentration **800 microgram/mL** (suggested for weight >4 kg)

Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
Weight (kg)	**Approximate micrograms/kg/minute**									
0.5	2.67	5.33	8	10.67	13.3	16	18.7	21.3	24	26.7
1	1.33	2.67	4	5.33	6.67	8	9.33	10.7	12	13.3
1.5	0.89	1.78	2.67	3.56	4.44	5.33	6.22	7.11	8	8.89
2	0.67	1.33	2	2.67	3.33	4	4.67	5.33	6	6.67
2.5	0.53	1.07	1.6	2.13	2.67	3.2	3.73	4.27	4.8	5.33
3	0.44	0.89	1.33	1.78	2.22	2.67	3.11	3.56	4	4.44
3.5	0.38	0.76	1.14	1.52	1.9	2.29	2.67	3.05	3.43	3.81
4	0.33	0.67	1	1.33	1.67	2	2.33	2.67	3	3.33
4.5	0.3	0.59	0.89	1.19	1.48	1.78	2.07	2.37	2.67	2.96
5	0.27	0.53	0.8	1.07	1.33	1.6	1.87	2.13	2.40	2.67

$$\text{Dose (microgram/kg/min)} = \frac{\text{Rate (mL/hr)} \times \text{Concentration (microgram/mL)}}{\text{Weight (kg)} \times 60}$$

$$\text{Rate (mL/hr)} = \frac{60 \times \text{Dose (microgram/kg/min)} \times \text{Weight (kg)}}{\text{Concentration (microgram/mL)}}$$

VERSION/NUMBER	DATE
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This standard concentration formulary has been developed by the ANMF standard concentration working group.
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