Note:
This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient’s medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

• The use of interpreter services where necessary,
• Advising consumers of their choice and ensuring informed consent is obtained,
• Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
• Documenting all care in accordance with mandatory and local requirements

Synonyms
Curosurf®, Surfactant (porcine)

Dose and Indications

**Treatment/ prevention of respiratory distress syndrome (RDS) in preterm infants**

**Endotracheal**
Initial dose: 200mg/kg (2.5mL/kg)
Subsequent dose(s): 100mg/kg (1.25mL/kg) at 6 to 12 hourly intervals if required, to a maximum total of three doses (including initial dose)

**Meconium Aspiration Pneumonitis**

**Endotracheal**
The following dosing schedule should only be used on consultant recommendation:

1\(^{st}\) dose: 200mg/kg (2.5mL/kg) then every 6-12 hours (if required)
2\(^{nd}\) dose: 200mg/kg (2.5mL/kg)
3\(^{rd}\) dose: 100mg/kg (1.25mL/kg)
4\(^{th}\) dose: 100mg/kg (1.25mL/kg)
Preparation and Administration

Endotracheal
Administer via an endotracheal tube. Follow appropriate Neonatal Unit specific procedures and guidelines.

> Store in the refrigerator, but warm to room temperature before use.
> Invert vial gently without shaking to re-suspend the material.
> Vial should be completely used.

Compatible Fluids
Do not dilute with any fluid

Adverse Effects

Common
Transient endotracheal tube obstruction, transient bradycardia, decreased oxygen saturation

Infrequent
Hypotension

Practice Points

> Unopened vials that have been warmed to room temperature at one time may be returned to the refrigerator within 24 hours. Vials should not be warmed and returned to the refrigerator more than once.
Reference


poractant alfa
80mg/mL (1.5mL & 3mL) suspension


Document Ownership & History

Developed by: SA Maternal, Neonatal & Gynaecology Community of Practice
Contact: Health.NeoMed@sa.gov.au
Endorsed by: SA Safety and Quality Strategic Governance Committee
Next review due: 05/07/2023
ISBN number: 978-1-74243-950-1
PDS reference: CG054
Policy history:

<table>
<thead>
<tr>
<th>Approval Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/7/18</td>
<td>V2</td>
<td>SA Health Safety and Quality Strategic Governance Committee</td>
<td>Formally reviewed in line with 5 year scheduled timeline for review.</td>
</tr>
<tr>
<td>1/11/12</td>
<td>V1</td>
<td>SA Maternal, Neonatal &amp; Gynaecology Community of Practice</td>
<td>Original SA Maternal, Neonatal &amp; Gynaecology Community of Practice approved version.</td>
</tr>
</tbody>
</table>