

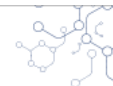
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Cafcit (caffeine citrate) - Drug Summary

West-ward Pharmaceutical Corp.

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[Caffeine Citrate \(caffeine citrate\)](#)

COMMON BRAND NAMES

Cafcit, Caffeine Citrate

THERAPEUTIC CLASS

CNS stimulant

DEA CLASS

RX

PEDIATRIC DOSAGE & INDICATIONS

[Apnea](#)

Premature Infants 28-<33 Weeks Gestational Age:

LD: 1mL/kg (20mg/kg) IV over 30 min

Maint: 0.25mL/kg (5mg/kg) IV over 10 min or PO q24h beginning 24 hrs after LD

ADMINISTRATION

IV/oral route

Inj

Use syringe infusion pump

Drug Compatibility:

Stable for 24 hrs at room temperature when combined w/ the following:

1. D5
2. D50
3. Intralipid 20% IV fat emulsion
4. Aminosyn 8.5% crystalline amino acid sol
5. Dopamine HCl 40mg/mL inj diluted to 0.6mg/mL w/ D5
6. Calcium gluconate 10% inj (0.465mEq/Ca²⁺/mL)
7. Heparin sodium 1000 U/mL inj diluted to 1 U/mL w/ D5
8. Fentanyl citrate 50mcg/mL inj diluted to 10mcg/mL w/ D5

HOW SUPPLIED

Sol: 20mg/mL [3mL]; (Cafcit) Inj: 20mg/mL [3mL]

WARNINGS/PRECAUTIONS

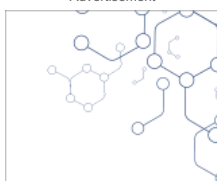
Necrotizing enterocolitis reported. Obtain baseline caffeine levels in infants previously treated with theophylline, and in those born to mothers who consumed caffeine prior to delivery. Rule out other causes of apnea (eg, CNS disorders, primary lung disease, anemia, sepsis, metabolic disturbances, cardiovascular (CV) abnormalities, obstructive apnea) or properly treat these conditions prior to therapy initiation. Caution w/ seizure disorders. May increase HR, left ventricular output, and stroke volume; caution w/ CV disease (CVD). Caution w/ renal/hepatic impairment; monitor serum concentrations and adjust dose to avoid toxicity. Hypo/hyperglycemia reported.

ADVERSE REACTIONS

Feeding intolerance, rash, sepsis, necrotizing enterocolitis.

DRUG INTERACTIONS

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Potential interaction w/ CYP1A2 substrates, inducers, or inhibitors. May require lower doses when coadministered w/ drugs that decrease elimination (eg, cimetidine, ketoconazole), and higher doses when coadministered w/ drugs that increase elimination (eg, phenobarbital, phenytoin). May reduce urine volume w/ ketoprofen. Not recommended w/ theophylline.

PREGNANCY AND LACTATION

Category C, safety not known in nursing.

MECHANISM OF ACTION

CNS stimulant; not established. Suspected to stimulate respiratory center, increase minute ventilation, decrease threshold and increase response to hypercapnia, increase skeletal muscle tone, decrease diaphragmatic fatigue, increase metabolic rate, and increase oxygen consumption, mostly attributed to antagonism of adenosine receptors, both A₁ and A₂ subtypes.

PHARMACOKINETICS

Absorption: (PO) C_{max}=6-10mg/L, T_{max}=30 min-2 hrs. **Distribution:** V_d=0.8-0.9L/kg (infants), V_d=0.6L/kg (adults); plasma protein binding (approx 36%, adults); crosses placenta. **Metabolism:** Liver via CYP1A2. **Elimination:** Urine (approx 86% unchanged, neonates); T_{1/2}=approx 3-4 days (neonates).

ASSESSMENT

Assess for previous hypersensitivity to drug, cause of apnea, seizure disorder, CVD, renal/hepatic impairment, and possible drug interactions. Obtain baseline caffeine levels in infants previously treated w/ theophylline, and in those born to mothers who consumed caffeine prior to delivery.

MONITORING

Monitor for necrotizing enterocolitis, increased HR, increased left ventricular output, increased stroke volume, hypo/hyperglycemia, and other adverse reactions. Periodically monitor serum glucose and serum caffeine concentrations.

PATIENT COUNSELING

Advise to consult physician if the baby continues to have apnea events, or begins to demonstrate signs of GI intolerance (eg, abdominal distention, vomiting, bloody stools), or seems lethargic.

STORAGE

20-25°C (68-77°F); excursions permitted between 15-30°C (59-86°F). (Cafcit) 20-25°C (68-77°F).

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