

# CUROSURF<sup>®</sup> (poractant alfa) Intratracheal Suspension



## Dosing Chart<sup>a</sup>

WEIGHT (grams)	INITIAL DOSE		REPEAT DOSE	
	2.5 mL/kg 200 mg/kg		1.25 mL/kg 100 mg/kg	
EACH DOSE in mL (mg)				
600-650	1.60	(128)	0.80	(64)
651-700	1.70	(136)	0.85	(68)
701-750	1.80	(144)	0.90	(72)
751-800	2.00	(160)	1.00	(80)
801-850	2.10	(168)	1.05	(84)
851-900	2.20	(176)	1.10	(88)
901-950	2.30	(184)	1.15	(92)
951-1000	2.50	(200)	1.25	(100)
1001-1050	2.60	(208)	1.30	(104)
1051-1100	2.70	(216)	1.35	(108)
1101-1150	2.80	(224)	1.40	(112)
1151-1200	3.00	(240)	1.50	(120)
1201-1250	3.10	(248)	1.55	(124)
1251-1300	3.20	(256)	1.60	(128)
1301-1350	3.30	(264)	1.65	(132)
1351-1400	3.50	(280)	1.75	(140)
1401-1450	3.60	(288)	1.80	(144)
1451-1500	3.70	(296)	1.85	(148)
1501-1550	3.80	(304)	1.90	(152)
1551-1600	4.00	(320)	2.00	(160)
1601-1650	4.10	(328)	2.05	(164)
1651-1700	4.20	(336)	2.10	(168)
1701-1750	4.30	(344)	2.15	(172)
1751-1800	4.50	(360)	2.25	(180)
1801-1850	4.60	(368)	2.30	(184)
1851-1900	4.70	(376)	2.35	(188)
1901-1950	4.80	(384)	2.40	(192)
1951-2000	5.00	(400)	2.50	(200)

## ET Tube Reference Chart

WEIGHT (grams)	DEPTH OF INSERTION <sup>b</sup> AT LIPS (cm)	WEIGHT (grams) or AGE (weeks)	ET TUBE SIZE <sup>c</sup> (ID, mm)
500-600	5.5	<1000 g or <28 weeks	2.5
700-800	6.0		
900-1000	6.5		
1100-1400	7.0	1000-2000 g or 28-34 weeks	3.0
1500-1800	7.5		
1900-2400	8.0		
2500-3100	8.5		
3200-4200	9.0	>2000 g or >34 weeks	3.5
			3.5-4.0

## Indication

CUROSURF<sup>®</sup> (poractant alfa) Intratracheal Suspension is indicated for the rescue treatment of Respiratory Distress Syndrome (RDS) in premature infants. CUROSURF reduces mortality and pneumothoraces associated with RDS.

## Important Safety Information

CUROSURF is intended for intratracheal use only. The administration of exogenous surfactants, including CUROSURF, can rapidly affect oxygenation and lung compliance. Therefore, infants receiving CUROSURF should receive frequent clinical and laboratory assessments so that oxygen and ventilatory support can be modified to respond to respiratory changes.

CUROSURF should only be administered by those trained and experienced in the care, resuscitation, and stabilization of preterm infants.

Transient adverse reactions associated with administration of CUROSURF include bradycardia, hypotension, endotracheal tube blockage, and oxygen desaturation. These events require stopping CUROSURF administration and taking appropriate measures to alleviate the condition. After the patient is stable, dosing may proceed with appropriate monitoring.

Pulmonary hemorrhage, a known complication of premature birth and very low birth-weight, has been reported with CUROSURF. The rates of common complications of prematurity observed in a multicenter single-dose study that enrolled infants 700–2000 g birth weight with RDS requiring mechanical ventilation and FiO<sub>2</sub> ≥ 0.60 are as follows for CUROSURF 2.5 mL/kg (200 mg/kg) (n=78) and control (n=66; no surfactant) respectively: acquired pneumonia (17% vs. 21%), acquired septicemia (14% vs. 18%), bronchopulmonary dysplasia (18% vs. 22%), intracranial hemorrhage (51% vs. 64%), patent ductus arteriosus (60% vs. 48%), pneumothorax (21% vs. 36%) and pulmonary interstitial emphysema (21% vs. 38%).

Please see Full Prescribing Information.



<sup>a</sup>Adapted from CUROSURF<sup>®</sup> (poractant alfa) Intratracheal Suspension prescribing information, Chiesi USA, Inc., December 2014.

<sup>b</sup>Adapted with permission from Kempley ST, Moreiras JW, Petrone FL. Endotracheal tube length for neonatal intubation. *Resuscitation*. 2008;77(3):369-373.

<sup>c</sup>Adapted from American Academy of Pediatrics. Neonatal Resuscitation Program<sup>®</sup>; Reference Chart.

To learn more about CUROSURF, or to contact Chiesi, please visit [CUROSURF.COM](https://www.chiesi.com/US/Products/poractant-alfa)