



Clinical clues for MetHb

- In non-severe case, cyanosis with minimal symptoms
- SpO₂ not improved well with O₂ therapy
- Chocolate brown blood/ bedside test*

Methemoglobinemia: Etiology, pharmacology, and clinical management. *Ann Emerg Med* November 1999;34:646-656.

- Low SpO₂ with saturation gap
- MetHb level >1%

Contraindications

Absolute

- Severe renal failure
- Known G6PD deficiency
- History of MB hypersensitivity

Relative

- Pregnancy (class X)
- Breastfeeding
- Concomitant use of serotonergic drugs
- MetHb due to chlorates or induced by sodium nitrite in the treatment of cyanide poisoning

Dosing and administration

- 1 to 2 mg/kg IV over 5 minutes (0.1 to 0.2 mL/kg of 1% sterile solution), followed by a bolus of at least 15 to 30 mL of fluid

Adverse effects

- Local tissue necrosis in case of extravasation
- GI upset, headache, dizziness
- Transient high blood pressure
- Paradoxical MetHb in excessive doses (≥7 mg/kg)
- Hemolysis, particularly in neonate, for doses ≥15 mg/kg
- Transient pulse oximeter change
- Initial bluish tinged skin, mucous membranes
- Bluish-green discoloration of the urine and can potentially cause dysuria