







Nimodipine Fast Facts:

Landmark trials:

- Allen et al. (1983)
- Pickard et al. (1989)

AHA / ASA: In patients with subarachnoid hemorrhage, early initiation of enteral nimodipine is beneficial in preventing DCI and improving functional outcomes (*grade 1A recommendation*)

NCC: We recommend the administration of oral nimodipine in patients to reduce DCI and cerebral infarction, and to improve functional outcome (*strong recommendation, moderate quality of evidence*)



Nimodipine Fast Facts:

Does not affect vasospasms → helps prevent DCI (delayed cerebral ischemia) through reduces of narrowing of vessels with leads to better blood flow to the brain

Dosing: oral nimodipine 60 mg every 4 hours

Limiting adverse effect: hypotension

Consider: decrease to oral nimodipine 30 mg every 2 hours OR use vasopressors to support BP

Remember: *administration is key!!*

US formulations: capsules and oral solution – both can be via gastric tube

Separate from food - administered at least 1 hour before or 2hour after meals

Capsules are contraindicated with the use of CYP3A4 inhibitors

