

Theophylline

ISO 15189:2012 Aminophylline, Nuelin

PF-PTD-286

Synonyms

Clinical Indication

Theophylline levels are required if IV aminophylline is being considered for patients already taking oral theophylline preparations, as serious toxic side effects may occur. Measurement of theophylline levels may be helpful if no clinical improvement is seen on increasing doses, in confirming toxicity and management of the overdosed patient and in patients where compliance may be an issue.

Part of Profile / See Also

Request Form

Availability / Frequency of

Analysis

Combined Pathology manual Blood form or ICE request

On request.

In management of theophylline overdose, levels may be measured urgently under the following circumstances (please contact Clinical Biochemistry)

(a) If there is doubt about the clinical severity of poisoning

(b) In all patients with severity grades 3 and 4.

For full details of patient management see **Toxbase**.

Turnaround Time

Patient Preparation

Sample Requirements

Specimen Type

Volume

Acceptable Containers

Same day

Samples should preferably be collected pre-dose.

Serum and plasma

2 ml



Yellow top (SST) tube



Green top (lithium-heparin) tube



paediatric orange top (lithium-heparin)



paediatric green top (lithium-heparin)

Plain serum samples may also be used.

Reference Range & Units

Therapeutic range: 10 -20 mg/L

Reference: Pathology Harmony Group, Clinical Biochemistry Outcomes, January 2011 (www. pathologyharmony.co.uk)



PF-PTD-286

Interferences

Due to cross-reactivity with 1,3-Dimethyluric Acid, the Theophylline assay should not be used to quantitate samples from uremic patients.

Samples containing antibodies to E. coli β -galactosidase may result in artificially high results which will not fit the clinical profile. The incidence of patients having such antibodies is extremely low.

Interpretation & Clinical

Decision Value (if applicable)

Half-life: Healthy adults: 3 - 13 hours (reduced in smokers)

References

Beckman kit insert.

Test code

THEO

Lab Handling

Analysed from primary tube and stored at 4°C. Serum and plasma stable for 7 days at 2-8°C.