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| **PROCEDURE FOR ROUTINE INTRAVENOUS ADMINISTRATION** | **UHL CHILDRENS HOSPITAL** |

**FUROSEMIDE (IV INFUSION)**

**How to prescribe (standard strength):**

Prescribe on the Intravenous Drug Infusion section of the chart

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| Drug | Furosemide |
| Amount | 250mg |
| Diluent | 0.9 % Saline  *Glucose containing solutions are not compatible* |
| Total Volume | 50ml |
| Dose Range | 0.1 to 2 mg/kg/hr |
| Rate (ml/hr) | 0.02 x Weight upto 0.40 x Weight |

**How to prescribe (in fluid restricted situations):**

For fluid restricted patients use **neat (undiluted)** solution. In this situation the drug is still Furosemide and the dose 250mg but no diluent is required (write **NEAT** in the diluent). Total volume is now 25ml. The dose range remains the same but the rate is now 0.01 x Weight upto 0.20 x Weight.

**Key Notes**

Please see additional information about use with Gentamicin or ACE inhibitors. Doses above 1mg/kg/hr are rarely required and should be discussed.

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**FUROSEMIDE (IV INFUSION)**

**How to administer (standard strength):**

1. Use a 50ml IV syringe
2. Draw up 1 (one) vial of 250mg/25ml Furosemide
3. Add 25ml of 0.9% Saline
4. The total volume should be 50ml

**How to administer (fluid restricted patients):**

1. Use a 25ml IV syringe
2. Draw up 1 (one) vial of 250mg/25ml Furosemide
3. The total volume should be 25ml

FUROSEMIDE ADDITIONAL INFORMATION

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| Route | Peripheral or Central. Can be given neat by either route. |
| Y-Site Compatibility | Acetylcysteine, Fentanyl, Heparin, Potassium (up to 40mmol/L), Remifentanil, Sodium Nitroprusside, Thiopental. |
| Y-Site Incompatibility | **Any drug not made up in 0.9% Saline.** Amiodarone, Adrenaline, Dobutamine, Dopamine, Esmolol, Labetalol, Midazolam, Milrinone, Morphine, Noradrenaline, Vasopressin. Should not be given with Gentamicin where possible to reduce increased risk of ototoxicity. |
| Cautions | Avoid in severe hypokalaemia, severe hyponatraemia, anuria, and in renal failure due to nephrotoxic or hepatotoxic drugs. Correct hypovolaemia and hypotension before use. Use with caution in comatose/precomatose states associated with liver cirrhosis. Can cause acute urinary retention in children with obstruction of urinary outflow. Marked fall in blood pressure seen if ACE Inhibitor initiated in a patient on furosemide. Caution in hepatic impairment, SLE and pancreatitis. |