

## NEONATAL MEDICATION PROTOCOLS

**FRUSEMIDE**  
 Created by: NCCU  
 Date revised: January 2016  
 Date for review: January 2019

NCCU Clinical Guidelines  
 KEMH/PMH  
 Perth, Western Australia

<b>DRUG:</b>	<b>FRUSEMIDE</b>
<b>PRESENTATION:</b>	Ampoule: 20mg / 2mL Lasix® Oral Solution : 10mg/mL (if available) Oral Solution (Powder for Reconstitution): 10mg / mL
<b>ACTION &amp; INDICATION:</b>	Diuretic. Adjunct therapy for chronic lung disease, congestive heart failure, renal failure. Oedema.
<b>DOSE:</b>	IV/IM: 0.5 - 1 mg / kg / dose 12 - 24 hourly Continuous IV infusion: 50 – 400 microgram/kg/hour Oral: 0.5 - 2 mg / kg / dose 12 – 24 hourly. Dose may be increased to 6mg / kg / dose in resistant cases
<b>ADMINISTRATION:</b>	<b>Oral:</b> May be given at any time with regard to feeds. <u>Powder for Reconstitution</u> Add <b>80mL</b> of Water for Irrigation to the Powder for Reconstitution Shake Well. Refrigerate- Do not Freeze  <b>Intramuscular:</b> As per NCCU policy.  <b>Intravenous:</b> Over 3-5 minutes May be diluted with Water for Injections, Sodium Chloride 0.9%
<b>ADVERSE EFFECTS:</b>	Disturbance of water and electrolyte balance - monitor urea and electrolytes Consider addition of potassium sparing diuretic with prolonged therapy. Displaces bilirubin from albumin Potentially ototoxic. Initiate follow-up hearing test in infants with cumulative dose >10mg/kg
<b>COMMENTS</b>	Refrigerate oral solution. Discard 14 days after opening
<b>REFERENCES:</b>	BNF for Children 2013 Paediatric Pharmacopoeia 13 <sup>th</sup> Ed Royal Women's Hospital Melbourne Clinical Pharmacology of the Loop Diuretics Furosemide and Bumetanide in Neonates and Infants. <i>Pediatr Drugs</i> 2012;14(4):233-246