



NEONATAL MEDICATION PROTOCOLS

HYDRALAZINE HYDROCHLORIDE
 Created by: NCCU
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NCCU Clinical Guidelines
 KEMH/PMH
 Perth, Western Australia

DRUG:	HYDRALAZINE HYDROCHLORIDE
PRESENTATION:	Ampoule: 20 mg Oral Solution: 10 mg/mL
ACTION & INDICATION:	Peripheral vasodilator Moderate to severe hypertension, congestive cardiac failure.
DOSE:	Intravenous: Initial dose: 100 - 500 microgram / kg /dose 6 to 8 hourly Dose may be increased slowly as required to a Maximum dose: 2 mg/kg/dose Continuous intravenous infusion: 12.5 – 50 microgram/kg/hour Oral: Initial dose: 250 microgram to 1mg/ kg/ dose 6 to 8 hourly Increase gradually to 2mg/kg/dose.
PREPARATION:	IV: Reconstitute using 1mL of Water for Injections. Then dilute 1mL to 20mL with 0.9% Sodium chloride. = 1mg/mL (1000microgram/mL) May be further diluted if required. Continuous intravenous solution: Withdraw 1250microgram (1.25mL) of the 1mg/mL dilution, per kg of baby's weight, and dilute to 50mL with 0.9% Sodium chloride. This will give the following infusion rate: 1mL/hr = 25microgram/kg/hour
ADMINISTRATION:	IV: Slow IV over 5 to 20 minutes Continuous intravenous infusion Oral: Give with feeds to enhance absorption.
ADVERSE EFFECTS:	Hypotension – also precipitated by anaesthetic agents. Reflex tachycardia - modified by β blocking drugs. Sodium, water retention Flushing; dyspnoea, urticaria, fever Anaemia, leucopenia, thrombocytopenia
COMMENTS:	Monitor blood pressure pre and ½ hour post-dose, continue until stabilized for 48 hours, then twice daily. U & E's at commencement and at any change in therapy Discard dilution immediately after use. Incompatible with glucose containing solutions
REFERENCES:	Neofax 2012 BNF for Children 2013
DATE:	September 2013