



HYDRALAZINE

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IV - Formulary: Highly Restricted	
Requires Neonatologist approval before commencing.	
Oral - Formulary: Restricted	
Requires Neonatologist review within 24 hours of initiation.	
Presentation	Ampoule: 20 mg (powder for reconstitution) Oral solution: 10 mg/mL
Classification	Antihypertensive, peripheral vasodilator.
Indication	<ul style="list-style-type: none"> Moderate to severe hypertension. Congestive cardiac failure (afterload reduction).
Contraindications	Acute porphyrias, cor pulmonale, high output heart failure, severe tachycardia (eg hyperthyroidism).
Precautions	<ul style="list-style-type: none"> Cerebrovascular disease Hypotension Hepatic impairment: Hydralazine undergoes extensive hepatic metabolism, use with caution in hepatic impairment. Renal impairment: Use with caution in patients with significant renal impairment. The manufacturer recommends dose reduction in patients with creatinine clearance less than 30 mL/minute or serum creatinine greater than 221 micromol/L.
Monitoring	<ul style="list-style-type: none"> Oral: Monitor blood pressure pre- and 30 minutes post-dose; continue until stabilised for 48 hours, then twice daily. IV: Continuous monitoring of blood pressure and heart rate required. Urea and electrolytes at commencement and at any change in therapy.
Compatibility	Fluids: Sodium chloride 0.9%, water for injection.
Incompatibility	Fluids: Glucose solutions.
Interactions	Use with caution when combining with other antihypertensive agents.
Side Effects	Common: Hypotension, flushing, headache, dizziness, fluid retention, diarrhoea, palpitations, reflex tachycardia.
	Infrequent: Angina, nasal congestion, lupus-like syndrome (long-term therapy).
	Rare: Blood dyscrasia, rash, parasthesia, vasculitis.
Storage & Stability	Ampoule: Store below 25°C. Protect from light. <ul style="list-style-type: none"> Hydralazine may discolour upon contact with metal; discoloured solutions should be discarded. Oral solution: Store below 25°C.
Comments	<ul style="list-style-type: none"> Use with a beta-blocking agent is often recommended to enhance the antihypertensive effect and decrease the magnitude of reflex tachycardia. Care should be taken in converting between oral and IV dosing (2:1 conversion ratio).

ORAL	Presentation (for oral use)	Oral Solution: 10 mg/mL	
	Dosage	Oral: 0.25 to 1 mg/kg/dose every 6 to 8 hours. May be increased to 2 mg/kg/dose every 8 hours if required.	
	Dose Adjustment	Renal and/or hepatic impairment: Dose reduction or increased dosing interval recommended. Manufacturer advises to titrate dose/dosing interval according to the clinical response. See Precautions for more detail.	
	Preparation	<i>If solution not available after hours – prepare the following solution using 25 mg hydralazine tablets:</i> <ul style="list-style-type: none"> Disperse one hydralazine tablet (25 mg) in 5 mL of sterile water. Tablet will disperse within 2 minutes. Shake until even dispersion is formed. Concentration is 25 mg/5 mL = 5 mg/mL. Hydralazine degrades quickly, use immediately. Discard any unused solution immediately. 	
	Administration	<ul style="list-style-type: none"> Shake well before use. Draw prescribed dose into oral/enteral syringe. Can be given Oral/OGT/NGT. Give with or soon after a feed to enhance absorption. 	

INTRAVENOUS INJECTION	Presentation (for IV use)	Ampoule: 20 mg (powder for reconstitution)	
	Dosage	Initial dose: 0.1 to 0.5 mg/kg/dose every 6 to 8 hours. Dose may be gradually increased as required to a maximum of 2 mg/kg/dose every 6 hours.	
	Dose Adjustment	Renal and/or hepatic impairment: Dose reduction or increased dosing interval recommended. Manufacturer advises to titrate dose/dosing interval according to the clinical response. See Precautions for more detail.	
	Preparation	Ampoule: 20 mg (Powder for reconstitution) Step 1 Reconstitution: <ul style="list-style-type: none"> Add 1 mL of water for injection to the hydralazine ampoule. Step 2 Dilution: <ul style="list-style-type: none"> Draw up 20 mg (1 mL) and make up to 20 mL total volume with compatible fluid. Concentration now equal to 1 mg/mL. Note: Discard remaining dilutions immediately after use.	
	Administration	IV push: <ul style="list-style-type: none"> IV injection over 5 to 20 minutes. 	

Presentation (for IV use)	Ampoule: 20 mg (powder for reconstitution)
Dosage	Continuous IV infusion: 12.5 to 50 microgram/kg/hour
Dose Adjustment	Renal and/or hepatic impairment: Dose reduction or increased dosing interval recommended. Manufacturer advises to titrate dose/dosing interval according to the clinical response. See Precautions for more detail.
Preparation	<p>Step 1 Reconstitution:</p> <ul style="list-style-type: none"> Add 1 mL of water for injection to the hydralazine ampoule. <i>Concentration = 20 mg/mL</i> <p>Step 2 First Dilution:</p> <ul style="list-style-type: none"> Draw up 20 mg (1 mL) and make up to 20 mL total volume with compatible fluid. <i>Concentration = 20 mg/20 mL = 1 mg/mL</i> <p>Step 3 Second Dilution:</p> <ul style="list-style-type: none"> Draw up 1250 microg (1.25 mL) of the above 1 mg/mL solution, per kg of baby's weight and make up to 50 mL total volume with sodium chloride 0.9%. <p><i>Concentration now equal to 1 mL/hr = 25 microg/kg/hour.</i></p> <p>Note: Discard remaining dilutions immediately after use.</p>
Administration	IV infusion: Infuse at the prescribed rate via syringe driver pump.



Related Policies, Procedures, and Guidelines

Clinical Practice Guidelines:

[CAHS Neonatology – Cardiac: Arrhythmias](#)

Pharmaceutical and Medicines Management Guidelines:

[CAHS Neonatology – Medication Administration Guideline](#)

References

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