

chlorothiazide

25mg/mL oral mixture*

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Dose and Indications

Treatment of mild to moderate fluid overload states including congestive heart failure and bronchopulmonary dysplasia

Mild to moderate hypertension

Oral

10mg/kg every twelve hours

Dose may be increased up to 20mg/kg every twelve hours

Preparation and Administration

Oral

The 25mg/mL solution contains:

Dose	5mg	10mg	15mg	20mg	25mg	30mg
Volume	0.2mL	0.4mL	0.6mL	0.8mL	1mL	1.2mL

* 25mg/mL solution is not commercially available however is manufactured at Women's & Children's Health Network Pharmacy

Adverse Effects

Common

polyuria, hypotension, hyponatraemia, hypokalaemia, hyperuricaemia, hypochloraemic alkalosis, hypomagnesaemia

Infrequent

rash, hyperglycaemia, hypercalcaemia, dyslipidaemia

Rare

vomiting, constipation, diarrhoea, intrahepatic cholestatic jaundice, cholecystitis, pancreatitis, agranulocytosis, aplastic anaemia, haemolytic anaemia, thrombocytopenia, dermatitis, urticaria, photosensitivity, toxic epidermal necrolysis, purpura, necrotising vasculitis

Monitoring

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- > Serum electrolytes, calcium, phosphorus and glucose
- > Urine output
- > Blood pressure

Practice Points

- > Contraindicated in patients with anuria.
- > Use cautiously in patients with hepatic or renal impairment and patients with significant electrolyte dysfunction (particularly hypercalcaemia)
- > Potassium and sodium depletion is a common side effect and supplementation may be necessary with prolonged therapy
- > Additional potassium loss may occur if given with other drugs that reduce potassium concentrations (e.g. frusemide)
- > Caution may be needed if co-administered with digoxin and cardiotoxicity is more likely in patients with hypokalaemia
- > As chlorothiazide may displace bilirubin from albumin it should be used with caution in neonates with significant jaundice.

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version