frusemide

10mg/mL injection, 10mg/mL oral mixture

Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

Furosemide

Dose and Indications

Diuretic

Intravenous, oral

1 to 2mg/kg/dose

Corrected Age (weeks) [Gestational age PLUS postnatal age]	Frequency (hours)
≤ 31	every 24 hours
> 31	every 12 to 24 hours

Renal Failure

Intravenous

5mg/kg/dose as a single dose under specialist Renal advice.

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Preparation and Administration

Intravenous

Dose	1mg	2.5mg	5mg	7.5mg	10mg
Volume	0.1mL	0.25mL	0.5mL	0.75mL	1mL

Push over at least 4 minutes (maximum rate of 0.5 mg/kg/min). Administer large intravenous doses for renal failure as an infusion over 30 minutes.

Discard remaining solution

Oral

Dose	1mg	2.5mg	5mg	7.5mg	10mg
Volume	0.1mL	0.25mL	0.5mL	0.75mL	1mL

Store in the refrigerator and discard three weeks after opening the bottle.

The intravenous preparation may be given orally and is more cost effective when giving a single dose.

Compatible Fluids

Glucose 5%, glucose 10%, Sodium chloride 0.9%

Adverse Effects

Common

Hyponatraemia, hypokalaemia, hypomagnesaemia, dehydration, hyperuricaemia

Infrequent

Dyslipidaemia, increased creatinine concentration, hypocalcaemia, rash

Rare

Deafness (especially with rapid IV administration), acute pancreatitis, jaundice, thrombocytopenia, haemolytic anaemia, agranulocytosis, interstitial nephritis, exfoliative dermatitis, Stevens-Johnson syndrome, bullous eruptions.

Nephrocalcinosis in preterm neonates may occur with prolonged use.

Monitoring

- Weight and electrolytes

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Practice Points

- Patients on long-term treatment with frusemide may require supplementation with oral potassium chloride to prevent hypokalaemia
- Do not use intravenous solution if discoloured yellow
- Risk of ototoxiciy is increased with renal impairment, high doses, rapid IV administration and the use of other ototoxic drugs such as aminoglycosides
- Administration with other drugs with a hypotensive effect may cause an additional drop in blood pressure.

Version control and change history

PDS reference: OCE use only

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

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