

thyroxine

50microgram tablet

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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

T4, levothyroxine

Dose and Indications

Congenital hypothyroidism

Oral

Up to 10microgram/kg once a day, rounded to the nearest 12.5 microgram.

Preparation and Administration

Oral

Thyroxine tablets are very soluble in water.

Add one 50microgram tablet to the barrel of a syringe and draw up sterile water to a volume of 1mL. The resulting solution contains 50microgram/mL thyroxine.

Dose	12.5microgram	25microgram	50microgram
Volume	0.25mL	0.5mL	1mL

Use solution immediately and discard any remaining solution.

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Adverse Effects

Symptoms of hyperthyroidism, eg tachycardia, arrhythmia, tremors or jitters, insomnia, flushing, sweating, diarrhoea and excessive weight loss.

Monitoring

- > Aim to closely monitor thyroid function using free T4 and TSH at 2 weeks after starting the medication then 2-3 monthly during the first 4 years.
- > It is recommended to re-check thyroid function 2-3 weeks after dose changes.
- > Adjust dose to maintain serum thyroxine in the upper half of the normal range and serum TSH level in the normal range.

Practice Points

- > Avoid milk/food within 30minutes of dose
- > For appropriate patients, dose can be rounded off to the nearest 25mg (half a tablet) instead of 12.5mg, and given on alternate days
- > Thyroxine has a long half-life and so doses may be given every alternate day if needed. This may work out easier to administer as the dose can be rounded to the nearest tablet strength.
- > Oral dosing produces effect within 3 to 5 days of therapy. The clinical effect will continue for 1 week following discontinuation of therapy.
- > Dose should be repeated if baby vomits or regurgitates within 15 minutes.

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	July 2013	current	Original version

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