Critical Care Guidelines
FOR ICU USE ONLY

CLONIDINE

PRESENTATION:	Ampoules containing 150micrograms in 1ml, 150micrograms/ml of clonidine.
INDICATION:	When adequate sedation cannot be maintained using standard drugs according to the sedation policy. To allow reduction of standard sedative agents in these patients. To allow weaning from conventional sedation, when agitation or withdrawal reactions are problematic.
DOSE AND ADMINISTRATION:	**ICU STANDARD INFUSION** Dilute 750micrograms to a total of 50mls with sodium chloride 0.9%. **Starting dose:** 0.5microgram/kg/hr (approximately 2.5mls/hr for a 70kg patient). In hypotensive patients lower doses may be necessary. Titrate according to response up to 2micrograms/kg/hr (i.e. approximately 9.5mls/hr for a 70kg patient). It must be infused via a dedicated central or peripheral line. **Weaning** Reduce rate gradually according to patient response, e.g. by 1-2ml every 4-6 hours. The rate of reduction should be reviewed if the patient experiences adverse effects such as hypertension, tachycardia and agitation. If a slower wean and/or enteral clonidine is desirable, wean iv dose to approximately 1200micrograms/day (equivalent to 3.3mls/hr of clonidine, and convert to 400 micrograms 8 hourly orally/NG. However to prevent fluctuations in BP, avoid single oral doses greater than 400micrograms and increase frequency of administration if required. Up to 1200 micrograms via oral route daily in divided doses for management of hypertension has been used, and therefore may be tolerated. **Ensure a weaning plan is documented on discharge from Critical Care.**
CONCENTRATION:	15micrograms/ml
STABILITY:	Physically and chemically stable for 24 hours at room temperature.
ADDITIONAL INFORMATION:	No stability information for dilution with glucose 5% for continuous infusion.

References:

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