NEONATAL West of Scotland Drug Monographs

Parenteral Routes

Potassium Canrenoate

FORM Ampoule containing 200mg in 10ml

INDICATION Short term diuresis in oedema and ascites

DOSE RANGE

AGE	DOSE	FREQUENCY	ROUTE
Neonate – 6months	1-2mg/kg	Every 12 hours	IV

RECONSTITUTION Already in solution

Can be given undiluted. If required dilute as follows;

DILUTION

Potassium Canrenoate 1ml 200mg/10ml Up to 20ml total

Gives a 1mg in 1ml solution. Use the required volume.

METHOD OF Administer the required volume by slow intravenous injection over at

ADMINISTRATION least 3 minutes

COMPATIBILITY

Solution compatibility	sodium chloride 0.9%		
Solution incompatibility	All other I.V. fluids		
IV Line compatibility	No other drugs or fluids at same time in the same line		
IV Line incompatibility	All other drugs		

THIS LIST IS NOT EXHAUSTIVE PLEASE CONTACT PHARMACY FOR FURTHER INFORMATION ON COMPATIBILITY WITH ANY MEDICINES NOT INCLUDED

FURTHER INFORMATION

- Oral equivalent is spironolactone. To convert to oral spironolactone, multiply dose by 0.7.
- Avoid potassium supplements or drugs likely to raise potassium levels
- The injection solution is irritant, give by central line where possible.

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- · Caution in renal impairment
- Long term use should be avoided due to the association of prolonged use with neoplastic changes in rats.

PH 10.7 – 11.2

LICENSED STATUS Unlicensed import

APPLICABLE POLICIES West of Scotland Neonatal Guidelines

Consult local policy if applicable

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Document Number:	003	Supersedes:	002
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Date prepared	February 2024	Review Date	February 2027

Administer reconstituted solutions immediately. All vials, ampoules and infusion bags are for single use only unless otherwise stated.

Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications.

This monograph should be used in conjunction with the terms of reference document prepared by the West of Scotland Pharmacist Network. Information is correct at the time of publication and as per local practice agreement.

For further advice please contact your clinical pharmacist or pharmacy department