

NEONATAL West of Scotland Drug Monographs

Parenteral Routes

Neonatal

FUROSEMIDE (FRUSEMIDE)

FORM Ampoules containing:
20mg in 2ml, 50mg in 5ml or 250mg in 25ml (all 10mg in 1ml)

INDICATION Diuretic for the treatment of oedema or oliguria.

DOSE RANGE

AGE	DOSE	FREQUENCY	ROUTE
Neonate	500micrograms/kg – 1mg/kg	Every 12-24 hours	IV
1-6 months	500micrograms/kg – 1mg/kg	Up to every 8 hours	IV
Neonate – 6 months	2 - 12mg/kg/day	Continuous	IV Infusion

Reconstitution	Already in solution				
Dilution	Can be given undiluted but if required, dilute with sodium chloride 0.9% as follows;				
	<table border="1" style="margin-left: 40px;"> <tr> <td>Furosemide 10mg in 1ml solution</td> <td>1ml</td> </tr> <tr> <td>Sodium Chloride 0.9%</td> <td>Up to 5ml volume</td> </tr> </table> <p style="margin-left: 40px;">This gives a 2mg in 1ml solution. Use the required volume.</p>	Furosemide 10mg in 1ml solution	1ml	Sodium Chloride 0.9%	Up to 5ml volume
Furosemide 10mg in 1ml solution	1ml				
Sodium Chloride 0.9%	Up to 5ml volume				
Method of Administration	<p>IV Injection Give slowly over 5-10 minutes at a usual rate of 100micrograms/kg/minute, not exceeding 500micrograms/kg/minute</p> <p>IV Infusion Dilute to a concentration of 1mg in 1ml. Give total daily dose as an infusion over 24 hours. For fluid restricted patients, dose may be administered undiluted via a central line</p>				

COMPATIBILITY

Solution compatibility	Sodium chloride 0.9%
Solution incompatibility	Glucose containing solutions, TPN
IV Line compatibility	Aciclovir, Cefotaxime, Insulin, Potassium Chloride, Sodium Bicarbonate, Sodium Nitroprusside
IV Line incompatibility	Adrenaline, dobutamine, dopamine, fluconazole, gentamicin, hydralazine, isoprenaline, midazolam, milrinone, morphine, noradrenaline, paracetamol, rocuronium, vancomycin, vecuronium

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

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FURTHER INFORMATION

- Monitor fluid balance, blood pressure, renal function and electrolytes
- Hypotension or hypovolaemia should be corrected prior to commencing medications
- Long term use in neonates may lead to nephrocalcinosis, monitor renal function and perform renal ultrasonography.

STORAGE

LICENSED STATUS Not licensed for monotherapy in neonates

APPLICABLE POLICIES West of Scotland Neonatal Guidelines

Consult local policy if applicable

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
