

CHLOROTHIAZIDE

| | |
|----------------------------|---|
| Trade Name | Biomed suspension |
| Class | Thiazide diuretic |
| Mechanism of Action | Inhibits sodium reabsorption in the distal tubules Increases loss of sodium, potassium, magnesium, chloride, bicarbonate and, phosphate Decreases calcium loss |
| Indications | Chronic lung disease Congestive heart failure |
| Contraindications | Hyperbilirubinaemia. Anuria. Severe renal or hepatic failure. Hypercalcaemia. Hypersensitivity to sulphonamide derived drugs. |
| Supplied As | 50mg/mL (oral suspension) |
| Dilution | Not required. |
| Dosage | 10 – 20 mg/kg/dose |
| Interval | 12 hourly |
| Administration | Oral with feed |
| Incompatible With | Do not draw up dose into an oral syringe containing any other medications |
| Interactions | Steroids due to potentiation of potassium loss. Risk of Milk-alkali syndrome with high calcium doses. When used with digoxin may increase risk of digoxin toxicity. |
| Monitoring | Serum electrolytes, glucose, uric acid and renal function. |
| Stability | As per date on bottle, preservative free. Discard 7 days after opening |
| Storage | Refrigerate, shake before use. |
| Adverse Reactions | GI upset, hyperbilirubinaemia, cholestasis, pancreatitis, Electrolyte disturbances including hypokalaemia, hypomagnesaemia, hyponatraemia, hypercalcaemia, hyperchloraemic alkalosis, hyperglycaemia, hyperuricaemia Cardiac arrhythmias Hypersensitivity reactions including pneumonitis and pulmonary oedema. Photosensitivity. |
| Metabolism | Poor oral absorption 10 - 20%. Onset 2 hours, peak 4 hours, excreted unchanged in the urine. Half life 5 hours. |

| | |
|-------------------|--|
| Comments | Diuretic effect potentiated when used in combination with spironolactone, frusemide. Displaces bilirubin from albumin. Due to manufacturing difficulties Hydrochlorothiazide may need to be used – dose equivalent is 0.5-1 mg/kg/dose 12 hourly Section 29 – unapproved medicine |
| References | <ol style="list-style-type: none"> 1. Cochrane library : Brion LP; Diuretics acting on the distal renal tubule for preterm infants with CLD : 2000, issue 1. 2. Medicines for children, July 1999, RCPCH, pg 105. 3. Neofax 1999 (12th ed) pg 146. 4. Pediatric dosage handbook 1999-2000 (6th ed) pg 199. 5. www.anmfonline.org 6. www.nzf.org |
| Updated By | <p>Dr R Martin June 2000. N Austin December 2001 P Schmidt, B Robertshawe December 2004 A Lynn, B Robertshawe Feb 2009 A Lynn, B Robertshawe June 2012 (re-order profile) A Lynn, M Wallenstein, B Robertshawe November 2020 A Lynn, B Robertshawe March 2023. (Change from per day to per dose)</p> |