FLUDROCORTISONE

Trade Name	Florinef Tablets (Healthcare Logistics)
Class	Synthetic adrenocorticoid steroid with potent mineralocorticoid activity.
Mechanism of Action	Increases reabsorption of sodium and loss of potassium via distal tubules in the kidney.
Indications	Adrenocortical Insufficiency
Contraindications	Hypersensitivity to fludrocortisone Use with caution in infants with hypertension ,CHF, systemic fungal infections and renal impairment
Supplied As	Fludrocortisone acetate 100 microgram tablets
Dilution	Disperse each tablet in 2mL water to make a 50mcg/mL solution
Dosage	50 – 200 microgram / day Maximum dose 400 microgram /day **Note: these are absolute doses and not weight based** Dosing will be dictated by the Paediatric Endocrinologist
Guardrail	N/A
Interval	12 hourly
Administration	Oral
Compatible With	Do not mix with any other medicines
Incompatible With	Do not mix with any other medicines
Interactions	Increased risk of hypokalaemia if fludrocortisone is given to infants also treated with amphotericin B, chlorothiazide ciprofloxacin or furosemide. Increased risk of arrhythmias when infants are treated with fludrocortisone in combination with azithromycin, digoxin, erythromycin, fluconazole, sildenafil, sotalol especially if potassium is low. Fludrocortisone can increase the effect of anticoagulants Phenobarbital, phenytoin, carbamazepine and rifampicin may increase clearance of fludrocortisone. Use of fludrocortisone in treatment of patients also receiving NSAIDs may increase risk of GI irritation/ulceration
Monitoring	Serum electrolytes, (especially potassium due to potential for inducing torsade de pointes) renin, glucose, weight, pulse and blood pressure.

Stability	Use fludrocortisone suspension immediately after the tablet(s) have been dispersed in water and discard any remainder after use. Fludrocortisone tablets have an expiry date of 12 months after opening if stored in the fridge or 3 months if stored at room temperature.
Storage	Fludrocortisone tablets should be stored in the fridge at (2- 8 ^{o}C) in an airtight container.
Adverse Reactions	Hypernatraemia, hypokalaemia, hypocalcaemia, fluid retention, hyperglycaemia, muscle weakness, decreased bone density, decreased wound healing, thinning of hair and skin, increased bruising, stomach upset, increased risk of gastric ulcers, seizures, headache, increased intraocular pressure, glaucoma.
Metabolism	Fludrocortisone is rapidly absorbed (time to peak serum concentrations = 1.7 hours), it is highly protein bound (~42%) and metabolised by the liver to mostly inactive metabolites which are excreted by the kidneys. Elimination half life (from plasma) =30-35 minutes however biological half life = 18 – 36 hours.
References	1. BNF for Children 2011-2012 2. NZFc www.nzformulary.org 3. Taketomo et al Paediatric and Neonatal Dosage Handbook 19th Edition 2012-13 4. www.medsafe.govt.nz 5. www.uptodate.com
Updated By	S Qi, B Robertshawe, A Lynn Nov 2014 A Lynn, M Wallenstein, B Robertshawe May 2021 (review/update)