

hydrOCHLOROTHIAZIDE

Indication	<ul style="list-style-type: none"> • Bronchopulmonary dysplasia, heart failure, oedema, hypertension¹ • Often given with diazoxide to prevent fluid retention²
ORAL	Presentation <ul style="list-style-type: none"> • Tablet 25 mg • Mater Hospital Brisbane Pharmacy: Oral solution 5 mg/mL
	Dosage <ul style="list-style-type: none"> • 1–2 mg/kg every 12 hours¹
	Preparation (if no oral solution) <ul style="list-style-type: none"> • Add tablet to medicine cup or oral dispenser <ul style="list-style-type: none"> ○ Mix with 10 mL of water for injection and allow tablet to disperse (takes about 1 minute) ○ Agitate gently if required ○ <i>Concentration now equal to 2.5 mg/mL</i>
	Administration <ul style="list-style-type: none"> • Draw up prescribed dose • Oral/OGT/NGT with feeds
Special considerations	<ul style="list-style-type: none"> • If indicated for neonatal hypoglycaemia, refer to Queensland Clinical Guideline: <i>Newborn hypoglycaemia</i>³ • Precautions: hypokalaemia, hyperuricaemia; impaired cardiac circulation⁴, significant jaundice (displaces bilirubin from albumin)¹
Monitoring	<ul style="list-style-type: none"> • Serum urea and electrolytes², BGL • Urine output and blood pressure¹
Compatibility	<ul style="list-style-type: none"> • Nil known
Incompatibility	<ul style="list-style-type: none"> • Nil known
Interactions	<ul style="list-style-type: none"> • Concurrent use of¹: <ul style="list-style-type: none"> ○ Digoxin may result in digoxin toxicity (vomiting, arrhythmias) ○ NSAIDs may decrease effectiveness and cause nephrotoxicity ○ Propranolol may cause hyperglycaemia and hypertriglyceridaemia ○ Hydrocortisone may result in hypokalaemia and cardiac arrhythmias ○ Diazoxide may result in hyperglycaemia
Stability	<ul style="list-style-type: none"> • Tablet: <ul style="list-style-type: none"> ○ Store below 25° C⁵ • Oral solution <ul style="list-style-type: none"> ○ Store at 2–8 °C. Discard after 60 days • Dispersed solution <ul style="list-style-type: none"> ○ Use immediately and discard remainder⁶
Side effects	<ul style="list-style-type: none"> • Blood pathology: electrolyte disturbances (e.g. hyponatraemia, hypokalaemia, hyperuricaemia, hypochloroemic alkalosis, hypomagnesaemia, hypercalcaemia), hyperglycaemia, agranulocytosis, leucopenia, thrombocytopenia⁴ • Digestive: pancreatitis (rare)⁴ • Genitourinary: polyuria • Integumentary: photosensitivity⁴
Actions	<ul style="list-style-type: none"> • Diuretic and hypotensive agent affecting the renal tubular mechanism of electrolyte reabsorption⁴ • Inhibits pancreatic release of insulin¹
Abbreviations	BGL: blood glucose level, OGT: oral gastric tube, NGT: nasogastric tube, NSAID: non-steroidal anti-inflammatory drug
Keywords	Hydrochlorothiazide, diuretic,



The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

References

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Document history

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