Alert Not to be confused with chlorothiazide.

**Indication**
- Chronic lung disease.
- Heart failure.
- Fluid overload.
- Hypertension.
- In conjunction with diazoxide to counter fluid retention.

**Action**
Inhibition of sodium reabsorption in distal nephron, leading to loss of water, sodium, potassium, magnesium, chloride, phosphate and bicarbonate.

**Drug Type**
Thiazide diuretic.

**Trade Name**
Dithiazide

**Presentation**
Oral suspension manufactured by Pharmacy 2 mg/mL, 5 mg/mL or 10 mg/mL. 25 mg tablets.

**Dosage / Interval**
- 1 to 2 mg/kg/dose every 12-24 hours (consensus opinion);
- **Consider alternate day dosing:** 2 mg/kg/dose every 48 hours (consensus opinion).

**Maximum daily dose**
4 mg/kg/day

**Route**
Oral

**Preparation/Dilution**
Oral suspension.

**Administration**
Administer undiluted with feeds to improve absorption.

**Monitoring**
Urine output and weight.
Serum sodium, potassium, calcium, phosphorous and glucose.

**Contraindications**
Hypersensitivity to any component. Thiazide diuretic contains a sulphonamide moiety. While it has long been considered that allergic cross-reactivity may exist between sulfonamide antibiotics and other sulfonamide drugs, this is actually unlikely because of the structural differences.\(^1\)

**Precautions**
Hypokalaemia.
Hyponatraemia.
Displaces bilirubin so caution required in jaundiced infants.

**Drug Interactions**
Hypokalaemia may increase toxic effects of digitalis. Concurrent use of SOTALOL and DIURETICS may result in an increased risk of cardiotoxicity (QT prolongation, torsades de pointes, cardiac arrest). Concurrent use of FLECAINIDE and HYDROCHLOROTHIAZIDE may result in increased risk of electrolyte imbalance and subsequent cardiotoxicity.

**Adverse Reactions**
Hypokalaemia; hyponatraemia; hyperglycaemia; hyperuricaemia; hypercalcaemia. Cumulative effects of the drug may develop in patients with impaired renal function. If increasing azotaemia and oliguria occur during treatment of severe progressive renal disease, the diuretic should be discontinued.

**Compatibility**
N/A

**Incompatibility**
N/A

**Stability**
N/A

**Storage**
Oral suspension: Store between 2 and 8°C.

**Special Comments**
Improves respiratory function in preterm infants with or developing chronic lung disease. Used in conjunction with diazoxide to counter diazoxide-induced sodium and fluid retention.
Increases urine output, potassium and phosphorus excretion. Urinary calcium excretion may be decreased.\(^1\)
Usually used in combination with spironolactone to reduce potassium loss.
Onset of the diuretic action following oral administration occurs in 2 hours and the peak action in about 4 hours. Diuretic activity lasts about 6 to 12 hours.
Hydrochlorothiazide is not metabolised but is eliminated rapidly by the kidney. The mean plasma half-life is prolonged with renal impairment.\(^3\)

**Evidence summary**
Refer to full version.

**References**
Refer to full version.
**Authors Contribution**

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