hydrOCHLOROTHIAZIDe

Newborn use only

2018

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.[11]
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.

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