

**NEWBORN USE ONLY
GIVEN ON DOCTORS ORDER ONLY****CAPTOPRIL**

DESCRIPTION	Angiotensin-converting enzyme inhibitor.
USE	1. Treatment of congestive cardiac failure. Acts by reducing the after load on the heart. Babies with left to right shunts rarely seem to benefit. 2. Hypertension, but IV Labetalol followed by oral Nifedipine offers a more secure and reliable strategy for controlling serious hypertension in infancy.
PREPARATION	25mg/5ml solution
DOSE	10mcg/kg/dose 8 hourly The dose can be increased progressively.
ADMINISTRATION	ORAL
MONITORING	Monitor blood pressure carefully!
SIDE EFFECTS	1. Apnoea 2. Seizure 3. Renal failure 4. Hyperkalemia is a hazard in patients on potassium sparing diuretics like Spironolactone or on potassium supplement.

NOT RECOMMENDED IN PRETERM INFANTS OR INFANTS UNDER 1 MONTH OF AGE!

Neonatal response to treatment with ACE inhibitors is very variable and some babies become profoundly hypotensive on even a small dose. It is essential to give a small test dose and then increase the dose cautiously.

CONTRAINDICATED IN RENO-VASCULAR DISEASE!**REFERENCES**

O'Dea RF et al. Treatment of neonatal hypertension with captopril. J Pediatr 1988;113:403
Neonatal Formulary 5, Drug use in Pregnancy and First Year of Life, 2007, Blackwell Publishing Ltd