

chlorothiazide

50mg/mL (SAS)

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Dose and Indications

Treatment of mild to moderate fluid overload states including congestive heart failure, bronchopulmonary dysplasia and mild to moderate hypertension

Oral

10mg/kg every twelve hours

Dose may be increased up to 20mg/kg every twelve hours.

Usually used in combination with spironolactone, with spironolactone acting to spare potassium and avoid potassium supplementation.

Fluid retention associated with hyperinsulinaemia hypoglycaemia treated with diazoxide

Oral

5mg/kg/dose every twelve hours¹

Preparation and Administration

Oral

The Diuril® solution contains 50mg/mL chlorothiazide:

Dose	5mg	10mg	15mg	20mg	25mg	30mg
Volume	0.1mL	0.2mL	0.3mL	0.4mL	0.5mL	0.6mL

This product is not registered in Australia and is accessed under the Special Access Scheme (SAS). Parental consent must be received prior to use and an SAS form completed.



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Adverse Effects

Common

Polyuria, hypotension, hyponatraemia, hypokalaemia, hyperuricaemia, hypochloreaemic alkalosis, hypomagnesaemia

Infrequent

Rash, hyperglycaemia, hypercalcaemia, dyslipidaemia

Rare

Vomiting, constipation, diarrhoea, intrahepatic cholestatic jaundice, cholecystitis, pancreatitis, agranulocytosis, aplastic anaemia, haemolytic anaemia, thrombocytopenia, dermatitis, urticaria, photosensitivity, toxic epidermal necrolysis, purpura, necrotising vasculitis

Monitoring

- > Serum electrolytes, calcium, phosphorus and glucose
- > Urine output
- > Blood pressure

Practice Points

- > Contraindicated in patients with anuria.
- > Use cautiously in patients with hepatic or renal impairment and patients with significant electrolyte dysfunction (particularly hypercalcaemia).
- > Potassium and sodium depletion is a common side effect and supplementation may be necessary with prolonged therapy.
- > Additional potassium loss may occur if given with other drugs that reduce potassium concentrations (e.g. frusemide).
- > Caution may be needed if co-administered with digoxin as cardiotoxicity is more likely in patients with hypokalaemia.
- > As chlorothiazide may displace bilirubin from albumin it should be used with caution in neonates with significant jaundice.

References

1. Kapoor RR, Flanagan SE, James C, Shield J, Ellard S, Hussain K. Hyperinsulinaemic hypoglycaemia. Archives of Disease in Childhood. 2009 Jun 1;94(6):450-7.



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Document Ownership & History

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6/8/2019	V2.1	SA Health Safety and Quality Strategic Governance Committee	Change in product and strength
5/7/2018	V2	SA Health Safety and Quality Strategic Governance Committee	Formally reviewed in line with 5 year scheduled timeline for review.
11/2012	V1	SA Maternal & Neonatal Clinical Network	Original SA Maternal & Neonatal Clinical Network approved version.

