

Drug Administration Guide

Furosemide

Indication	To induce diuresis in pulmonary oedema and cardiac failure During transfusion of blood products in child at risk of cardiac failure Babies at risk of chronic lung disease
Dose	<u>Oral</u> Babies <31 weeks corrected gestation - 0.5-2mg/kg 24 hourly Babies ≥31 weeks corrected gestation to 1 month - 0.5-2mg/kg 12-24 hourly Children 1 month to 11 years - 0.5-2mg/kg 2-3 times daily <i>(Higher doses may be required. Maximum dose 12mg/kg or 80mg daily)</i> <u>Slow intravenous injection</u> Babies <31 weeks corrected gestation - 0.5-1mg/kg 24 hourly Babies >31 weeks corrected gestation to 1 month - 0.5-1mg/kg 12-24 hourly Children 1 month to 11 years - 0.5-1mg/kg 8 hourly as needed. <i>(Maximum 2mg/kg/dose 8 hourly or 40mg every 8 hours)</i> <u>Continuous intravenous infusion</u> Children >1 month – 0.1-2mg/kg/hour (maximum 1 gram in 24 hours)
Route of administration	Oral solution Whole or half tablets can be crushed and dissolved in water if absolutely necessary. Intravenous injection over 5-10 minutes at a rate not exceeding 500micrograms/kg/minute or 4mg/minute.
To prepare	10mg/mL ampoules for intravenous injection. For bolus doses draw up the required dose and dilute if necessary. Preferred diluent: sodium chloride 0.9%. To make 1mg/mL bolus: Add 1mL (10mg) of furosemide to 9mL sodium chloride 0.9%. Withdraw required dose. To make 20mg in 20mL: Add 2mL (20mg) of furosemide to 18mL sodium chloride 0.9%.
Compatibilities	Ambisome, calcium gluconate, ceftazidime, cefuroxime, dexamethasone, heparin, indometacin, meropenem, noradrenaline, ranitidine, sodium bicarbonate.
Known incompatibilities	Caffeine citrate, clarithromycin, dobutamine, dopamine, fluconazole, gentamicin, glucose , hydralazine, midazolam, morphine, parenteral nutrition.
Notes	Furosemide is a sulfonamide loop diuretic that results in inhibition of resorption of electrolytes in the ascending limb of the loop of Henle. Furosemide is often used in addition to a potassium sparing diuretic such as spironolactone, to reduce its hypokalemic side-effects. Avoid in severe hypokalemia or hyponatraemia. Furosemide should not be mixed with any other medicines in the infusion or injection container. If there is no compatibility information for specific drugs, do not assume compatibility. For incompatible drugs or those with no compatibility information use a separate line or, for short infusions, flush well between drugs. For side-effects see the BNFC - Furosemide BNFC
References	Leeds Teaching Hospitals neonatal and PICU prescribing and administration monographs, BNFC, Handbook on Injectable Drugs.

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Clinicians must accept individual responsibility for using this information and prescribing safely.