

Hydrocortisone sodium succinate (for hypotension)

Indication	Hypotension
Dose	Hypotension: 2.5mg/kg every 4-6 hours For any other indications, discuss with an endocrinologist.
Route of administration	Via central line or peripheral line as intravenous injection over 3-5 minutes
To prepare	100mg vial powder for reconstitution Preferred diluent: Sodium chloride 0.9% Other diluents: glucose 5% To make 10mg/mL: First add 1.9mL water for injection to the 100mg vial to give 50mg/mL. Add 2mL of the 50mg/mL solution to 8mL of diluent to give 10mg/mL. Withdraw required dose and give as intravenous injection over 3-5 minutes.
Compatibilities	Glucose 5%, glucose 10%, sodium chloride 0.9%, aciclovir, atracurium, calcium gluconate, dopamine, furosemide, magnesium, metronidazole, morphine, noradrenaline, potassium chloride, vancomycin, parenteral nutrition (vamin and lipid)
Known incompatibilities	Midazolam, phenobarbital, phenytoin
Notes	Try to stop treatment with hydrocortisone within 2-4 days because steroid use increases the risk of fungal infection. 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 BNF - Hydrocortisone BNFc
References	Leeds Teaching Hospitals neonatal prescribing and administration monograph, BNF Legacy, Handbook of Injectable Drugs Trissel et al, Neonatal Formulary 7 th edition.



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