

# Potassium canrenoate

<b>Indication</b>	To induce diuresis in pulmonary oedema and cardiac failure Babies at risk of chronic lung disease
<b>Dose</b>	1-2mg/kg by intravenous injection every 12 hours.  Frequency can be reduced to every 24 hours if clinical need.  Oral spironolactone and intravenous potassium canrenoate doses should be converted on a <b>1:1 ratio</b> . A ratio of 1:0.7 is documented in literature but in practice this is not used by the paediatric cardiology team.
<b>Route of administration</b>	Can be administered centrally or peripherally, preferably via a large vein over at least 3 minutes.
<b>To prepare</b>	Aldactone® 200mg/10mL vials (20mg/mL)  <b>Preferred diluent:</b> glucose 5% Other diluent: sodium chloride 0.9%  <b>To make 1mg/mL:</b> Add 1mL (20mg) of potassium canrenoate to 19mL of diluent. Withdraw required dose.
<b>Compatibilities</b>	There is no compatibility information for potassium canrenoate. It should not be infused with any other medicine or infusion (except glucose 5% or sodium chloride 0.9% which are used as diluents).
<b>Known incompatibilities</b>	As above.
<b>Notes</b>	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 - <a href="#">Potassium canrenoate BNFC</a>
<b>References</b>	Leeds Teaching Hospitals neonatal prescribing and administration monograph, BNFC, Medusa.



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