

Spironolactone

Indication	To induce diuresis in pulmonary oedema and cardiac failure Babies at risk of chronic lung disease
Dose	Babies <1 month 1-2mg/kg daily in 1-2 divided doses Child 1 month–11 years 1-3mg/kg daily in 1-2 divided doses
Route of administration	Oral
To prepare	Various strength oral suspensions available. Withdraw required dose.
Notes	Spironolactone cannot be given intravenously. Potassium canrenoate is the intravenous alternative. Oral spironolactone and intravenous potassium canrenoate doses should be converted on a 1:1 ratio . A ratio of 1:0.7 is documented in literature but in practice this is not used by the paediatric cardiology team. For side-effects see the BNFC - Spironolactone BNFC
References	BNFC.

