REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

ethacrynic acid

Effective Date: Dec 2012 **Revised Date:** Nov13-2013	CLASSIFICATION **Diuretic (Loop)**	OTHER NAMES **Edecrin, Sodium Edecrin, ethacrynate sodium**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Intermittent - May be administered by a nurse
IV Bolus - May be administered by a nurse
IM Injection - *Not recommended*
Subcutaneous -*Not recommended*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 mg vial: add 50 mL normal saline.
Final Concentration: 1 mg/mL
Solution should be clear and colourless. Do not use if hazy or opalescent.

IV Intermittent: Dilute in 50 normal saline and infuse over 20 to 30 minutes

IV Bolus: No further dilution necessary. Administer over a period of several minutes into an infusing IV line.

IM/Subcutaneous: Not recommended due to local pain and irritation.

Maximum rate: 10 mg/minute
Maximum concentration: 1 mg/mL

DOSAGE:

Usual: 50 mg or 0.5 to 1 mg/kg. One dose is usually sufficient. If a second dose is required, it should be administered at an alternate IV site.

Maximum single dose: 100 mg

STABILITY/COMPATIBILITY:

Stability of Reconstituted Solution: 24 hours at room temperature.

Compatibility: Compatible with D5W, normal saline, dextrose/saline combinations, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CNS: Vertigo, hearing loss and tinnitus, associated with rapid administration of large doses and in patients with renal failure. Hearing loss is usually reversible within 1 to 24 hours.
- Cardiovascular: Electrolyte depletion, orthostatic hypotension.
- Gastrointestinal: Abdominal discomfort or pain, nausea, vomiting, diarrhea, dysphagia. Severe, profuse, watery diarrhea may occur; the drug should be discontinued if this occurs.
- Miscellaneous: Local irritation, pain, and thrombophlebitis may occur following IV injection; hypersensitivity reactions.

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ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Monitor blood pressure and serum electrolytes.
- Administration of ethacrynic acid with aminoglycosides or other ototoxins may result in an increased incidence of hearing loss. Concomitant use of ethacrynic acid and aminoglycosides should be avoided.
- If a second injection is required, a different IV site should be used if possible to avoid thrombophlebitis or pain at injection site.
- Elderly patients: Greater risk of dehydration and related adverse effects in the elderly; reduced doses may be indicated.