

REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

furosemide

Effective Date: Dec 2011CLASSIFICATIONOTHER NAMESPAGERevised Date: Nov 2024DiureticLasix1 of 2

ADMINISTRATION POLICY:

IV Infusion – May be administered by a nurse
 IV Intermittent – May be administered by a nurse
 IV Bolus – May be administered by a nurse
 Subcutaneous – May be administered by a nurse
 IM Injection – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 10 mg/mL – 2 mL and 4 mL ampoules

IV Bolus (for doses less than or equal to 100 mg): Undiluted and administer up to a rate of 20 mg/minute

IV intermittent:

(for doses greater than 100 mg): Dilute in 25 to 100 mL normal saline or D5W and

administer up to a rate of 4 mg/minute

IM injection: Administer undiluted

IV Infusion: Pump Library:

NOTE: For rates **less than** or equal to 10mg/hour, use the 80 mg (Final Concentration: 0.741 mg/mL) strength For rates **greater than** 10 mg/hour, use the 250 mg (Final Concentration: 2 mg/mL) strength

furosemide HI

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Drug Library	Dose Rate	Short Name	Care Unit	
Yes	mg/h	furo250	Critical Care	
Drug	Diluent	Final Volume (VTBI)	Final Concentration	
250 mg (25 mL of 25 mg/mL)	100 mL NS	125 mL	2 mg/mL	
Clinical Advisory:				

Soft Low Dose Limit: 1 mg/h Soft High Dose Limit: 25 mg/h

furosemide LO

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	furo80	General & Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
80 mg (8 mL of 10 mg/mL)	100 mL NS	108 mL	0.741 mg/mL

Clinical Advisory:

Soft Low Dose Limit: 1 mg/h Soft High Dose Limit: 25 mg/h



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Effective Date: Dec 2011
CLASSIFICATION
Diuretic

DOSAGE: Usual:

IV bolus: 20 to 100 mg

IV Intermittent: 100 to 200 mg (preferred when doses are greater than 100 mg)

IV Infusion: 10 to 40 mg/hour

Maximum single dose: IV Bolus: 100 mg

IV Intermittent: 200 mg

Maximum daily dose: 2000 mg

Maximum rate: IV bolus: 40 mg/minute

IV intermittent: 4 mg/minute IV infusion: 40 mg/hour

Maximum concentration: 10 mg/mL

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W, combination dextrose-saline

solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Electrolyte imbalance (hypocalcemia, hypokalemia, hypomagnesemia, hyponatremia, hypochloremia)
- Ototoxicity: More likely to occur with large, rapid IV bolus doses in patients with renal impairment or with concurrent ototoxic drugs (e.g.: gentamicin, cisplatin, vancomycin)
- Hypovolemia, hypotension
- May precipitate gout, hyperglycemia in diabetics
- Many incompatibilities do not mix with other injectable drugs
- Possible cross sensitivity with sulfonamides Use with caution in patients with sulfa allergy

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Monitor serum electrolytes and sign and symptoms for electrolyte depletion
- Monitor vitals regularly
- Weigh patient daily
- Monitor intake and output
- Elderly, debilitated patients: May precipitate vascular thrombosis