REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

furosemide

Effective Date: Dec 2011 **Revised Date:** Nov13-2013	CLASSIFICATION **Diuretic**	OTHER NAMES **Lasix**	PAGE 1 of 2

ADMINISTRATION POLICY:
IV Infusion – May be administered by a nurse
IM Injection – May be administered by a nurse
IV Bolus – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:
Available as: 10 mg/mL, 2 mL and 4 mL ampoules, 25 mL vials

IV Bolus: Administer undiluted or diluted over 2 – 4 minutes

Intermittent: Administer diluted in convenient volume of compatible IV solution over 5 – 60 minutes

Central: No special considerations. Refer to IV bolus or intermittent

IM: Administer into large muscle mass with needle of appropriate length and gauge. Do not mix with other medications.

DOSAGE:

NEONATES/INFANTS less than 1 month
IV: 0.5 – 1 mg/kg/dose every 12 – 24 hours

CHILDREN/INFANTS 1 month or greater
IV, IM: 1 – 2 mg/kg/dose repeat every 2 – 12 hours PRN or increase by 1 mg/kg increments
(Maximum: 4 mg/kg/dose or 240 mg/dose)

ADOLESCENTS
IV, IM: 20 – 40 mg/dose every 6 – 24 hours
(Maximum: 240 mg/dose)

Renal impairment: No dosage adjustment required

Hepatic impairment: Cirrhosis – start at lower dose and increase cautiously

Obesity: No data

Maximum rate : Doses less than 120 mg: 0.5 mg/kg/minute up to 10 mg/minute
Doses equal or greater than 120 mg: 4 mg/minute

Maximum concentration : IV, IM: 10 mg/mL

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STABILITY/COMPATIBILITY:

Stability of multidose vial: N/A
Stability of Final Admixture: 24 hours at room temperature

Compatibility: D5W, normal saline, dextrose-saline solutions
IM : Do not mix with other medications

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Hypersensitivity: Anaphylaxis
- CV: Hypotension
- GI: Abdominal pain, cramping (associated with low serum calcium)
- Hemat: Anemia, leucopenia, neutropenia, thrombocytopenia
- Hepatic: Hepatic damage
- Metab: Hypokalemia, hypochloremia, metabolic alkalosis, hypocalcemia (increased calcium excretion), hypomagnesemia, hyperglycemia, glycosuria
- Neuro: Dizziness, vertigo, headache, blurred vision
- Renal: Increased BUN, hyperuricemia, allergic interstitial nephritis, nephrocalcinosis
- Local: IM: Pain at injection site
- Other: Ototoxicity (increased risk with high doses, pre-existing renal impairment, co-administration of other ototoxic agents eg: gentamicin or preterm neonates)
- Caution in pre-existing electrolyte disturbances, hepatic cirrhosis, diabetes
- Caution in pre-term neonates: Displaces bilirubin from albumin, increased risk of ototoxicity
- Contraindications with anuria, increasing azotemia
- Hepatic coma
- Hypersensitivity to sulfonamides (furosemide is a sulfonamide derivative)

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- **Required monitoring:**

Dosages **greater than** 2 mg/kg/dose or **greater than** 40 mg/dose or **greater than** 1 mg/kg/hour
BP: Baseline and 1 hour post-administration after first 2 doses
Accurate fluid intake and output

Serum electrolytes, BUN, serum creatinine, CBC
As indicated by medical condition and dosage of furosemide

Infusion (dosages **greater than** 1 mg/kg/hour x 24 hours)
Consider audiology assessment