



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

hydrALAZINE



<p>Effective Date: Dec 2011 Revised Date: Nov13-2013</p>	<p>CLASSIFICATION Antihypertensive Vasodilator</p>	<p>OTHER NAMES Apresoline</p>	<p>PAGE 1 of 2</p>
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ADMINISTRATION POLICY:

- IV bolus – **Administration restricted to ED**
- IM injection – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 20 mg ampoule
Add 1 mL sterile water for injection to a 20 mg ampoule. Final concentration: 19.7 mg/mL

IV bolus: Administer undiluted OR dilute contents of 1 ampoule with 20 mL of normal saline (final concentration: 1 mg/mL).
Infuse over 1 – 5 minutes.

IM injection: Uncommon route. Use gauge and length of needle appropriate for age and weight.

Maximum rate: 10 mg/minute
Maximum concentration: IV/IM: 19.7 mg/mL

DOSAGE:

Hypertension, Heart Failure

IV/IM: Initial: 0.4 – 1.2 mg/kg/24 hours divided every 4 – 6 hours (maximum: 20 mg/dose)
Titrate: Up to 3.5 mg/kg/24 hours divided every 4 – 6 hours

Hypertensive crisis

IV/IM: Child: 0.2 – 0.6 mg/kg/dose every 4 hours
Adolescent: 5 – 20 mg every 4 hours. May repeat initial dose after 20 – 30 minutes, then every 4 hours.

Renal impairment: Dosage adjustment required in patients with renal impairment

CRRT or CrCl 10 – to 50 mL/minute/1.73 m² -usual dose every 8 hours
CrCl less than 10 mL/minute/1.73 m² in fast acetylators - usual dose every 8 – 16 hours
CrCl less than 10 in slow acetylators, intermittent hemodialysis, peritoneal dialysis -usual dose every 12 – 24 hours

Hepatic impairment: Dosage adjustment required with severe impairment (increase dosage interval)

Obesity: No data in children



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STABILITY/COMPATIBILITY:

Stability of reconstituted vial: Use immediately; discard unused portion

Stability of Final Admixture: N/A

Compatibility: Compatible with normal saline and Lactated Ringer
Incompatible with D5W, D10W, dextrose-saline solutions
IM: Do not mix with other medications

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CV: Reflex tachycardia, palpitations, flushing, hypotension, orthostatic hypotension
- GI: Nausea and vomiting, anorexia, diarrhea, GI bleeding
- Neuro: Headache, dizziness (especially if BP lowered quickly)
- Renal: Urinary retention, sodium and water retention
- Other: Nasal congestion, conjunctivitis
- SLE-like syndrome with rash, myalgias, fever or glomerulonephritis: Increased risk in females, patients with slow acetylator status, renal impairment or high doses (greater than 100 mg/24 hours).
- Caution in patients with renal or hepatic impairment
- Diazoxide: Increased risk of severe hypotension for several hours when used concurrently with hydrALAZINE
- EPINEPHrine: Decreased pressor response
- Contraindicated in pre-existing tachycardia and heart failure (eg: thyrotoxicosis)
- Coronary heart disease or myocardial infarction (until in stable recovery phase)

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Keep patient supine for 30 – 60 minutes after each dose in initial 24 hours of therapy (risk of orthostatic hypotension)
- Antihypertensive action: Onset: 5 – 10 minutes Maximal: 10 – 80 minutes (dose dependant)

• Required monitoring

IV bolus (initial 24 hours of therapy):

- BP, HR, SpO₂: Baseline and every 5 minutes for 60 minutes after each dose (for decreased BP), then every 30 minutes x 4 (for increased BP)
- Keep patient supine for 30 – 60 minutes after each dose in initial 24 hours of therapy

SLE-like syndrome

Monitor serum anti-nuclear antibodies (ANA) as indicated