



NEONATAL MEDICATION GUIDELINE

Spironolactone

Scope (Staff): Nursing, Medical and Pharmacy Staff

Scope (Area): KEMH NICU, PCH NICU, NETS WA

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Requires neonatologist review within 24 hours of initiation

Description

Nonselective mineralocorticoid receptor antagonist (aldosterone antagonist), potassium sparing diuretic, moderate antiandrogenic activity, increases sodium and water excretion

Presentation

Oral solution: 2.5mg/mL (Contains sorbates, sucralose, saccharin, alcohol 10% (v/v))

Storage

Refrigerate between 2 to 8°C. Do not freeze.

Indication

Adjunction therapy for chronic lung disease (bronchopulmonary dysplasia)

Adjunction therapy for oedema in congenital heart failure and ascites

Diuretic effect (with potassium sparing activity)

Contraindications

Hyperkalaemia
Significant renal impairment
Anuria
Adrenal insufficiency

Precaution

Concomitant potassium supplements

Dose

Oral: 0.5-1.5mg/kg/dose every 12 hours

Caution: dose interval adjustment may be required in moderate renal impairment. See below

Maximum dose 3mg/kg/day

Dose Interval Adjustment

Renal Impairment:

Use with caution.

Consider extended dosing intervals (e.g. every 24 to 48 hours) for moderate renal impairment.
Avoid use in severe renal impairment.

Hepatic Impairment:

Use with caution

Administration

Administer undiluted with feeds, where possible, to minimise gastrointestinal irritation.
Absorption increased by food.

Side Effects

Common: hyperkalaemia, hyponatraemia, hypochloraemia (especially when combined with thiazide diuretics), weakness, headache, nausea, vomiting, GI cramps, metabolic acidosis

Serious: agranulocytosis, hepatotoxicity, rash

Interactions

NSAID (e.g. indometacin) may increase risk of hyperkalaemia and reduce renal function

Increases effects of ACE inhibitors (leading to hyperkalaemia), digoxin and sotalol

Reduces digoxin clearance

Monitoring

Serum potassium at regular intervals (up to twice weekly)

Renal function and serum electrolytes

Liver function and full blood count (if used long term)

Comments

Delayed onset of action (response occurs 48 hours or more after first dose and response can continue for 72 hours after treatment has stopped).

References









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[NeoMED consensus group \(anmfonline.org\)](https://www.anmfonline.org/)

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