

Government of Western Australia North Metropolitan Health Service Women and Newborn Health Service



NEONATAL MEDICATION GUIDELINE Diazoxide Scope (Staff): Nursing, Medical and Pharmacy Staff Scope (Area): KEMH NICU, PCH NICU, NETS WA This document should be read in conjunction with the Disclaimer.

Quick Links								
Dose	Preparation & Administration	Side Effects & <u>Interactions</u>	Monitoring					
Restrictions								
Formulary: Highly Restricted								
SAS Category A								
HIGH RISK Medication								
Description								
Non-diuretic benzothiadiazine derivative								
Presentation								
Oral suspension: 50mg/mL (SAS) PCH								
10r	10mg/mL (SAS) KEMH							
Note: 2 different strengths available. Please check strength carefully.								
Storage								
50mg/mL (SAS) PCH : Store at room temperature, below 25°C and protect from light. Store in carton until contents are used.								
10mg/mL (SAS) KEMH: Refrigerate, do not freeze. Store at 2 to 8°C.								

Dose

A thiazide diuretic (hydrochlorothiazide) should always be co-administered with diazoxide to prevent pulmonary oedema due to fluid retention, a serious side effect of diazoxide. If feasible, consider restricting the total fluid intake to 150 ml/kg/day while on diazoxide.

Indication: Prolonged hypoglycaemia due to hyperinsulinemia

Oral:

Initial Dose: 5mg/kg/day in three divided doses. Adjust dose according to response.

Maximum dose: 15mg/kg/day. Avoid doses higher than this.

Dose Adjustment

Renal Impairment:

Dose reduction may be required in renal impairment. Consult with nephrology

Administration

<u>Oral</u>

Can be administered any time in relation to feeds

Side Effects

More common in preterm infants and SGA babies, but can occur in full term and AGA infants also.

Common: hirsutism, fluid retention and oedema

Serious: pulmonary oedema, pulmonary hypertension, arrhythmias, hypotension

Other side-effects: vomiting, hyperglycaemia, neutropenia, thrombocytopenia, hyperuricaemia hyperbilirubinemia.

Discuss with cardiologists for a baseline echocardiogram prior to commencing diazoxide (due to risk of pulmonary hypertension). Consideration should be given to repeat the echocardiogram one week later even if clinically no evidence of pulmonary hypertension (ref 2).

Interactions

Hypotension may occur with the concurrent use of diuretics, so monitor blood pressure

Monitoring

Monitor blood glucose levels: to titrate diazoxide doses

Monitor weight: for early identification of fluid retention

Monitor blood pressure due to risk of hypotension,

Monitor renal function, full blood counts

Comments

Use cautiously in patients with impaired cardiac or renal function or cerebral circulation.

Concomitant use of thiazide diuretic is highly recommended to counteract sodium and fluid retention. Always consult endocrinology prior to commencing diazoxide.

SAS Category A Forms are to be completed for supply.

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Hypoglycaemia

References

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4. Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index : a universal resource for clinicians treating pediatric and neonatal patients. 27th ed. Hudson (Ohio): Lexicomp; 2020-2021. P723-725

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	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration				
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