

## NEONATAL Medication Monograph

## **SPIRONOLACTONE**

This document should be read in conjunction with this **DISCLAIMER** 

Restricted: Requires neonatologist review within 24 hours of initiation

Drocontotion	Oral Solution: 2.5mg/mL		
Presentation	- Control of the cont		
Classification	Aldosterone antagonist and potassium-sparing diuretic. Spironolactone inhibits sodium reabsorption in the distal tubule, increasing sodium and water excretion. Spironolactone reduces potassium excretion.		
Indications	<ul> <li>Adjunct therapy for chronic lung disease</li> <li>Adjunct therapy for congenital heart failure</li> <li>Diuretic effect – with potassium-sparing activity</li> </ul>		
Contraindications	<ul><li>Significant renal impairment</li><li>Anuria</li></ul>		
	<ul> <li>Addison's disease or other conditions associated with hyperkalaemia</li> <li>Hyperkalaemia.</li> </ul>		
Precautions	Concomitant potassium supplements		
Dose	Oral: 0.5-1.5mg/kg/dose every 12 hours  Maximum dose 3mg/kg/day		
Administration	Oral: can be administered at any time with regards to feeds		
Monitoring	Monitor serum and urine electrolytes, including sodium and potassium ions at least twice weekly		
Adverse Reactions	Common: hyperkalaemia, hyponatraemia, hypochloraemia (especially when combined with thiazide diuretics), weakness, headache, nausea, vomiting, GI cramps		
	Serious: agranulocytosis, hepatotoxicity, rash		

Storage	Refrigerate- do not freeze	
Interactions	NSAIDs (e.g. Indometacin) may increase the risk of hyperkalaemia (they can cause hyperkalaemia and also reduce renal function)	
Notes	Spironolactone is a weak diuretic and is usually prescribed in combination with other diuretics.	
	Response usually begins within 72 hours of initiation and can continue for up to 72 hours after treatment has stopped.	
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