



ADULT MEDICATION GUIDELINE					
Clonidine					
Scope (Staff):	All WNHS Staff				
Scope (Area):	Obstetrics and Gynaecology				
This document should be read in conjunction with the Disclaimer.					

Quick Links									
<u>Dose</u>	Administration	<u>Monitoring</u>	Pregnancy and Breastfeeding						

## Restrictions

## **Formulary: Unrestricted**

## **Medication Class**

Centrally acting alpha<sub>2</sub> adrenoreceptor and imidazoline agonist

### **Presentation**

Tablet: 100microg, 150microg

Ampoule: 150microg/mL

## **Storage**

Store at room temperature, below 25°C. Protect from light.

#### **Dose**

### Menopausal flushing

**Oral:** Initially 25microg twice daily, increase if necessary after 2 weeks to 50microg twice daily; maximum 75 microg twice daily.

#### **Hypertension**

**Oral:** Initially 50-100 microg twice daily, increase by 100-200 microg daily every 2-3 days. Maintenance 150-300 microg twice daily.

IV/IM: 150-300 microg, repeated every 3-6 hours if necessary; maximum 750 microg in 24

hours

#### Perioperative use

### Under the direction of the anaesthetist in all circumstances

#### IV bolus:

0.5 - 1.5 microg/kg bolus. Maximum 150 microg

#### Intrathecal bolus:

15 – 45 microg (added to intrathecal local anaesthetic solution)

### **Epidural bolus:**

75 microg (added to epidural local anaesthetic solution, or diluted in 10mL NaCl 0.9%)

## **Epidural infusion:**

Add clonidine to the local anaesthetic infusion solution to make a clonidine 1.5microg/ml solution (i.e. add clonidine150microg to a 100 ml local anaesthetic infusion or clonidine 300 microg to a 200ml infusion). Max clonidine infusion rate 30 microg/hr

#### **Premedication:**

Oral dosage as per anaesthetist instruction

#### Post-operative pain relief:

Dosage as per anaesthetist/ Acute Pain Service (APS)

For more information, refer to <u>Anaesthesia and Pain Medicine Clinical Practice Guideline:</u> Neuraxial Analgesia

### **Administration**

IV/IM: Refer to the Australian Injectable Drugs Handbook

#### **IM** Injection

Ensure patient is lying down before administration.

### <u>Oral</u>

With or without food.

# **Monitoring**

#### IV/IM Use:

- If injected too rapidly, may cause mild hypertension that lasts about 5 minutes.
- Mild transient headache may occur with IV use.
- Monitor blood pressure.

#### **Maintenance dose**

 Withdraw over at least 7 days; stopping abruptly may precipitate a severe withdrawal syndrome.

## **Pregnancy**

1st Trimester: Monitoring required
2nd Trimester: Monitoring required
3rd Trimester: Monitoring required

For more information, please contact **KEMH Obstetric Medicines Information Service**.

# **Breastfeeding**

Considered safe to use.

## Related Policies, Procedures & Guidelines

## **WNHS Clinical Practice Guidelines:**

Menopause & Menopausal Symptoms

Anaesthesia and Pain Medicine: Neuraxial Analgesia (including epidural, intrathecal morphine)

#### References

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	Std 2: Partnering with Consumers			Std 6: Communicating for Safety				
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	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration				
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