



ADULT MEDICATION GUIDELINE

Furosemide

Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

[Dose](#)

[Administration](#)

[Monitoring](#)

[Pregnancy and Breastfeeding](#)

Restrictions

500mg tablet: [Formulary: Restricted](#)

All other forms and strengths: [Formulary: Unrestricted](#)

Medication Class

Loop diuretic

Presentation

Ampoule: 20 mg/2mL, 250 mg/25 mL

Tablet: 40 mg, 500 mg

Oral suspension: 10 mg/mL (100mL) – ethanol free (KEMH only)

Storage

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

Dose

Acute Cardiac Failure in Obstetrics

Refer to Clinical Practice Guideline: [Cardiac Disease](#)

Oedema

Oral:

Initially 20–40 mg once or twice daily, adjusted according to clinical response to maintenance dose of 20–400 mg daily. Maximum dose 1 g daily.

IV/IM:

20–40 mg; repeat at intervals of at least 2 hours until the desired diuretic effect is obtained (increase dose by 20 mg each time if necessary).

Hyperkalaemia

[EMHS Acute Hyperkalaemia Clinical Guideline.pdf](#)

[NMHS.Hyperkalaemia Guideline.pdf](#)

Administration**Oral:**

- Usually taken once daily in the morning.
- If twice a day dosing, take the first dose in the morning and the second dose at lunchtime, or before 2pm.

IM, Subcut, IV injection and infusion:

Refer to the [Australian Injectable Drugs Handbook](#)

Monitoring

Weight (in heart failure), Urea & Electrolytes, Creatinine.

Ototoxicity with IV administration – tinnitus, vertigo and deafness.

Pregnancy

1st Trimester: Consider alternative

2nd Trimester: Consider alternative

3rd Trimester: Consider alternative

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Breastfeeding

Consider alternative. Furosemide may reduce milk supply.

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Comments

The oral bioavailability of furosemide is about 50% (ie 20 mg IV is equivalent to 40 mg oral), however, it may be even lower in severe heart failure and renal disease; individualise dose according to clinical response.

Related Policies, Procedures & Guidelines

KEMH Pharmaceutical & Medicines Management Guideline:

[Medication Administration](#) (intranet only)

Formulary One (WA Health Medicines Formulary):

[Formulary One](#)

KEMH Clinical Practice Guidelines:

[Cardiac Disease](#)

[Pre-operative Medication Management](#) (intranet only)

References









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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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