

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



| ADULT MEDICATION GUIDELINE | | | | | |
|--|----------------------------|--|--|--|--|
| Nifedipine | | | | | |
| 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 | | | | | | | | | |
| Formulary: Restricted | | | | | | | | | |
| Formulary: Unrestricted | | | | | | | | | |
| SAS Category A (item requires approval by TGA) | | | | | | | | | |
| Medication Class | | | | | | | | | |
| Calcium Channel Blocker | | | | | | | | | |
| Presentation | | | | | | | | | |
| Immediate release capsules (SAS): 10mg (SAS) Slow release tablets: 30mg, 60mg Please note there is a world-wide shortage of nifedipine – refer to the <u>TGA</u> for more information. | | | | | | | | | |
| Storage | | | | | | | | | |
| Store at room temperature, below 25°C | | | | | | | | | |
| Dose | | | | | | | | | |
| Tocolysis | | | | | | | | | |
| Oral (immediate release capsules): | | | | | | | | | |
| Refer to KEMH Clinical | Practice Guideline: O&G | : <u>Preterm labour</u> | | | | | | | |

Acute treatment of severe hypertension

Oral (immediate release capsules):

10mg initially.

Repeat dose after 30-45 minutes if response inadequate, to a maximum dose of 40mg.

Also refer to KEMH Clinical Practice Guideline: O&G: <u>Hypertension in pregnancy: Medical</u> <u>management</u>

Ongoing treatment of hypertension

Oral (slow release tablets):

30mg SR once daily; may increase to a maximum dose of 60mg SR twice daily if required.

Also refer to KEMH Clinical Practice Guideline: O&G: <u>Hypertension in pregnancy: Medical</u> <u>management</u>

Nipple vasospasm

Oral (slow release tablets):

30mg SR once daily; may increase to 60mg SR once daily if required.

Duration: trial for 2 weeks; a longer duration may be required if symptoms persist.

<u>Angina</u>

Oral (slow release tablets):

30mg SR once daily; may increase to a maximum dose of 90mg SR once daily if required.

Administration

Slow release tablets

Swallow whole, do not crush or chew

Monitoring

Blood pressure, heart rate, facial flushing, headache

Pregnancy

1st Trimester: Considered safe to use

2nd Trimester: Considered safe to use

3rd Trimester: Considered safe to use

Breastfeeding

Considered safe to use

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines (in addition to those listed above):

Hypertension in Pregnancy: Magnesium Anticonvulsant Therapy

Preterm Labour: Magnesium Sulphate for Neuroprotection of the Fetus

Syntometrine: Labour and birth suite quick reference guide

Postpartum complications (Intranet access only)

Hypertension in Pregnancy: Midwifery care

Rupture of membranes- spontaneous

WNHS Pharmaceutical and Medicines Management Guidelines:

Pre-operative Medication Management (Intranet access only)

References

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Lebedevs T, Kendrick C. Pharmacological management of common lactation problems. Journal of Pharmacy Practice and Research [Internet]. 2019 Apr [cited 2021 Jun 12];49(2):192-193. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/jppr.1561

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| Keywords | Antihypertensive, nifedipine, tocolytic, tocolysis, hypertension, acute hypertension, severe hypertension, adalat, CCB, calcium channel blocker, angina | | | | | | | |
|--|--|------------------------|----------|--|--------------|------------|--|--|
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| NSQHS Standards Applicable: | Std 1: Clinical Governance | | | Std 5: Comprehensive Care | | | | |
| | Std 2: Partnering with Consumers | | | Std 6: Communicating for Safety | | | | |
| | Std 3: Preventing and Controlling Healthcare Associated Infection | | | Std 7: Blood Management | | | | |
| | Std 4: Medication Safety | | | Std 8: Recognising and Responding to Acute Deterioration | | | | |
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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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