

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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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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