



NEONATAL

# HYDRALAZINE

This document should be read in conjunction with this [DISCLAIMER](#)





**IV: Highly Restricted:** Requires Neonatologist approval before commencing

**Oral :Restricted:** Requires Neonatologist review within 24 hours of initiation

<b>Presentation</b>	Ampoule: 20 mg (Powder for Reconstitution) Oral Solution: 10 mg/mL
<b>Description</b>	Peripheral vasodilator
<b>Indications</b>	<ul style="list-style-type: none"> <li>Moderate to severe hypertension</li> <li>Congestive cardiac failure</li> </ul>
<b>Contraindications</b>	Acute porphyrias, cor pulmonale, high output heart failure, severe tachycardia
<b>Precautions</b>	Cerebrovascular disease, hypotension
<b>Dosage</b>	<p><b><u>All Indications:</u></b></p> <p><b>IV:</b> Initial dose: 100-500 microgram/ kg/ dose 6 to 8 hours Dose may be gradually increased as required <b>Maximum 2mg/kg/dose every 6 hours</b></p> <p><b>Continuous IV infusion:</b> 12.5microgram to 50 microgram/kg/hour</p> <p><b>Oral:</b> Initial dose: 250 microgram to 1mg/kg/dose every 6 to 8 hours Increase gradually to 2mg/kg/dose every 8 hours</p>
<b>Dosage Adjustment</b>	Dosage reduction is required in renal impairment

<b>Adverse Reactions</b>	<p><b>Common:</b> Hypotension , fluid retention , diarrhoea , reflex tachycardia</p> <p><b>Serious:</b> dyspnoea, urticaria, fever, anaemia, leucopenia, thrombocytopenia</p>
<b>Interactions</b>	Use with caution when combining with other antihypertensive agents.
<b>Compatible Fluids</b>	<p>Sodium chloride 0.9%</p> <p><b>Note:</b> Hydralazine is <u>NOT</u> compatible with glucose solutions.</p>
<b>Preparation</b>	<p><b>IV:</b></p> <p><b>Reconstitution</b></p> <p>Reconstitute hydralazine powder for reconstitution with 1 mL of Water for Injections.</p> <p>Concentration = 20mg/mL</p> <p><b>Dilution</b></p> <p>Take 1mL (20mg) of the above solution and make up to 20mL with Sodium Chloride 0.9%</p> <p><u>Concentration = 20mg/20mL = 1mg/mL</u></p> <p><b>1mg/mL = 1000micrograms/mL</b></p> <p>The above solution may be further diluted if required.</p> <p><b><u>Continuous Intravenous Infusion:</u></b></p> <p><b>Follow the above steps to prepare a 1mg/mL solution to be used for further dilution as described below.</b></p> <p><b>Dilution</b></p> <p>Withdraw 1250microgram (1.25mL) of the 1mg/mL solution, per kg of baby's weight, and dilute to 50mL with sodium chloride 0.9%</p> <p><u>Concentration = 1mL/hr = 25microgram/kg/hour</u></p>
<b>Administration</b>	<p><b>IV:</b> Give slowly over 5 to 20 minutes</p> <p><b>Oral:</b> Give with feeds to enhance absorption.</p>
<b>Monitoring</b>	<p>Oral: Monitor blood pressure pre and ½ hour post-dose; continue until stabilized for 48 hours, then twice daily.</p> <p>IV: Continuous monitoring of blood pressure and heart rate required</p> <p>Urea and electrolytes at commencement and at any change in therapy</p>

<b>Storage</b>	Store at room temperature, below 25°C
<b>Notes</b>	Discard dilution immediately after use. Incompatible with glucose containing solutions SAS Category A form to be completed when used.
<b>References</b>	<p>Truven Health Analytics. Hydralazine. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 Apr 2]. Available from: <a href="https://neofax.micromedexsolutions.com/">https://neofax.micromedexsolutions.com/</a></p> <p>British Neonatal Formulary 2018-19. Royal Pharmaceutical Society of Great Britain, Royal College of Paediatrics and Child Health [cited 2019 Aug 3]</p> <p>Phelps SJ, Hageman TM, Lee KR, Thompson AJ. Pediatric injectable drugs : the teddy bear book. Tenth ed. Bethesda (Maryland): American Society of Health-System Pharmacists; 2013. 796</p>

Publishing:	<input checked="" type="checkbox"/> Intranet <input checked="" type="checkbox"/> Internet		
Document owner:	Head of Department - Neonatology		
Author / Reviewer:	KEMH & PCH Pharmacy / Neonatology Directorate		
Date first issued:	September 2008	Version:	3.0
Last reviewed:	August 2019	Next review date:	August 2022
Endorsed by:	Neonatal Directorate Management Group	Date:	August 2019
Standards Applicable:	NSQHS Standards: 1  Governance, 3  Infection Control, 4  Medication Safety, 8  Acute Deterioration		
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