


# FLUDROCORTISONE

Read in conjunction with [Disclaimer](#)

<b>Formulary: Highly Restricted</b> Requires Neonatologist or Endocrinologist approval before commencing	
<b>Presentation</b>	<b>Tablet:</b> 100 microgram <b>Suspension:</b> 500 microg/5 mL = <b>100 microg/mL</b>
<b>Drug Class</b>	Corticosteroid – mineralocorticoid
<b>Indication</b>	<ul style="list-style-type: none"> <li>Adrenal insufficiency requiring mineralocorticoid replacement</li> <li>Salt-losing forms of congenital adrenal hyperplasia</li> </ul>
<b>Special Considerations</b>	<ul style="list-style-type: none"> <li>Prolonged use may cause increased risk of infection</li> <li>May cause osteoporosis or inhibition of bone growth in paediatric patients</li> </ul>
<b>Monitoring</b>	Weight, blood pressure, serum electrolytes, glucose, signs of infection. Monitor patient closely with hepatic impairment
<b>Interactions</b>	Fludrocortisone may increase the levels and effects of: Amphotericin B, loop diuretics (e.g. Furosemide), thiazide and thiazide like diuretics, nonselective NSAIDs (e.g. Indometacin)
<b>Side Effects</b>	<b>Common:</b> Hypertension, electrolyte imbalance
	<b>Serious:</b> Severe oedema
<b>Storage &amp; Stability</b>	<b>Oral Suspension:</b> Refrigerate at 2 to 8°C, do not freeze

ORAL	<b>Presentation</b>	<b>Oral Suspension:</b> 500 microg/5 mL = <b>100 microg/mL</b>	
	<b>Dosage</b>	<p><b>Adrenal insufficiency:</b> 50 to 200 microgram daily Can be given in 1 or 2 divided doses per day</p> <p><b>Dose adjustment</b></p> <ul style="list-style-type: none"> <li>Adjust dose according to response</li> <li><b>Renal/hepatic impairment:</b> no adjustment required</li> </ul>	
	<b>Preparation</b>	<p><b>Use suspension made by pharmacy</b></p> <p><i>If suspension not available – prepare the following solution using fludrocortisone 100 microg tablet:</i></p> <ul style="list-style-type: none"> <li>Disperse ONE fludrocortisone tablet (100 microg) in 2 mL of water</li> <li>Tablet will disperse within 1 minute</li> <li>Concentration is 100 microg/2 mL = <b>50 microg/mL</b></li> <li>Discard any unused solution</li> </ul>	
	<b>Administration</b>	<ul style="list-style-type: none"> <li>Shake well before use</li> <li>Draw prescribed dose into oral/enteral syringe</li> <li>Can be given Oral/OGT/NGT</li> <li>Give with or soon after a feed</li> </ul>	

## Related Policies, Procedures, and Guidelines

### WNHS Pharmaceutical and Medicines Management Guidelines:

#### [Cold Chain Management for Medications and Vaccines](#)

## References

Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index : a universal resource for clinicians treating pediatric and neonatal patients. 27th ed. Hudson (Ohio): Lexicomp; 2401. 2, p1026.

Australian Medicines Handbook Children's Dosing Companion. Fludrocortisone. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook Children's Dosing Companion; 2024 [cited 2024 June 20]. Available from: <https://amhonline.amh.net.au/>

British National Formulary for Children. Fludrocortisone acetate. In: BNF 2023-2024 London (United Kingdom): BMJ Group 2023

## Document history

Keywords	Fludrocortisone, mineralocorticoid, corticosteroid, adrenal insufficiency, congenital adrenal hyperplasia				
Document Owner:	Chief Pharmacist				
Author/ Reviewer	KEMH & PCH Pharmacy/Neonatology Directorate				
Version Info:	5.0				
Date First Issued:	August 2001	Last Reviewed:	20/06/2024	Review Date:	20/06/2029
Endorsed by:	Neonatal Directorate Management Group			Date:	30/07/2024
NSQHS Standards Applicable:	<input checked="" type="checkbox"/>  Std 1: Clinical Governance		<input checked="" type="checkbox"/>  Std 4: Medication Safety		
<b>Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from WNHS HealthPoint.</b>					

**This document can be made available in alternative formats on request for a person with a disability.**

© North Metropolitan Health Service 2024