spironolactone

5mg/mL oral mixture*

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Dose and Indications

Treatment of fluid overload states associated with hyperaldosteronism, including congestive heart failure and chronic lung disease (BPD)

Oral

1mg/kg every twelve hours

Dose may be increased up to 2mg/kg if required.

Usually used in combination with chlorothiazide/furosemide, with spironolactone acting to spare potassium and avoid potassium supplementation.

Preparation and Administration

Oral

The 5mg/mL solution contains:

Dose	2mg	4mg	6mg	8mg	10mg	12mg
Volume	0.4mL	0.8mL	1.2mL	1.6mL	2mL	2.4mL

* 5mg/mL oral mixture is not commercially available however is manufactured at Women's & Children's Health Network Pharmacy.

Give with feeds to minimise gastrointestinal irritation.

Adverse Effects

Common

Hyperkalaemia, hyponatraemia, hypochloraemia (especially when combined with thiazide diuretics), vomiting

Infrequent

Gastrointestinal cramps, diarrhoea, drowsiness, gynaecomastia, mild acidosis, renal impairment

Rare

Agranulocytosis, hepatotoxicity, rash, lichen planus, lupus-like syndrome, cutaneous vasculitis, urticaria, alopecia, chloasma, osteomalacia

Monitoring

- Electrolytes particularly potassium
- Renal function
- Periodic liver function tests and full blood counts if used long term

Practice Points

- As there is a high risk of hyperkalaemia in renal impairment, avoid if rapidly deteriorating or severe renal impairment.
- Usually used in combination with chlorothiazide/furosemide, with spironolactone acting to spare potassium and avoid potassium supplementation.

Document Ownership & History

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