

Spironolactone

5 mg/mL Oral Mixture*

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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, Congestive Heart Failure and Chronic Lung Disease

Oral

1 mg/kg every twelve hours.

Dose may be increased up to 2 mg/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 5 mg/mL solution contains:

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

***5 mg/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.



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Adverse Effects

Common

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

Infrequent

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

Rare

Agranulocytosis, hepatotoxicity, rash, 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.

References

Stewart, 2011, Diuretics acting on the distal renal tubule for preterm infants with (or developing) chronic lung disease (Review), Cochrane Database of Systematic Reviews, The Cochrane Collaboration.



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Document Ownership & History

Developed by: Maternal, Neonatal & Gynaecology Strategic Executive Leadership Committee

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Approved by: Clinical Guideline Domain Custodian

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History: Is this a new Neonatal Medication Guideline (V1)? **N**
Does this Neonatal Medication Guideline amend or update and existing Neonatal Medication Guideline? **Y**
If so, which version? **V2**
Does this Neonatal Medication Guideline replace another Neonatal Medication Guideline with a different title? **N**
If so, which Neonatal Medication Guideline (title)?

Approval Date	Version	Who approved New/Revised Version	Reason for Change
30/07/2024	V3	Clinical Guideline Domain Custodian	Formally reviewed in line with 5-yearly scheduled timeline for review.
05/07/2018	V2	SA Health Safety and Quality Strategic Governance Committee	Formally reviewed in line with 5-yearly scheduled timeline for review.
11/2012	V1	SA Maternal & Neonatal Clinical Network	Original SA Maternal & Neonatal Clinical Network approved version.

