Guidelines for Use of Chlorothiazide (Diuril®)

Recommended Neonatal Dose, Route, and Interval

- **Diuresis:** 10-20 mg/kg/dose PO every 12 hours

Chief Indications

1. Diuretic used to treat both mild to moderate edema and mild to moderate hypertension
2. May improve pulmonary function in patients with BPD
3. Effective in treatment of nephrocalcinosis secondary to loop diuretics

Possible Adverse Reactions

1. Increase serum calcium, bilirubin, glucose, uric acid
2. Dehydration - fluid loss, prerenal azotemia
3. Hypochloremic alkalosis, pancreatitis, hypokalemia, and hypomagnesemia
4. Liver & renal disease; hyperuricemia
5. Hypersensitivity: skin reaction, photosensitivity, bone marrow depression (rare)

CONTRAINDICATIONS/PRECAUTIONS:

1. **NOT** to be used in patients with significant impairment of renal or hepatic function - cumulative effects of drug may develop and precipitate azotemia

Nursing Implications

1. PO: administer with feedings to increase absorption
2. Monitor strict I & O and BP
3. Monitor serum electrolytes, Ca, Phos, glucose, Mg

Special Considerations and Calculations

1. Avoid simultaneous administration with blood and blood products
2. Poor oral bioavailability necessitating increased oral doses
3. For maintenance diuretic therapy, it is recommended that spironolactone (K - sparing) be used in conjunction with chlorothiazide
4. Decreased renal excretion of calcium occurs with use of chlorothiazide - preferred diuretic if nephrocalcinosis present
5. Effects of chlorothiazide increased when used in combination with furosemide or spironolactone
6. Onset of action: within 2 hours; peak action: 3 - 6 hours; duration of action 6 - 12 hours

References:
1. Neofax 2010
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