

Furosemide

Form	20mg per 2mL 50mg per 5mL
Reconstitution	Already in solution
Compatibility & Stability	Sodium Chloride 0.9% ONLY
Administration	IV Injection Can be administered undiluted or to aid slow administration can be diluted to any suitable volume. Doses of up to 50mg may be given via slow IV injection at a maximum rate of 4mg/min (2.5mg/min in patients with severe renal impairment). Intermittent IV Infusion Can be administered undiluted or to aid slow administration can be diluted to any suitable volume. Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely. Administer slowly using an infusion pump at a maximum rate of 4mg/min (2.5mg/min in patients with severe renal impairment). Continuous IV Infusion (preferred as may be more effective) Can be administered undiluted or to aid slow administration can be diluted to any suitable volume. Preferably administer via a central venous access device to avoid potential venous irritation. If given peripherally, choose a large vein and monitor the injection site closely. Administer slowly using an infusion pump at a maximum rate of 4mg/min (2.5mg/min in patients with severe renal impairment). IM Injection Use restricted to exceptional cases only where the oral and IV routes are unavailable. Maximum IM dose is 50mg.
Monitoring	Monitor blood pressure, fluid balance, electrolytes (sodium and potassium), blood glucose, LFTs and creatinine.
Extravasation	May cause tissue damage due to high pH.
Additional Information	 Infusion at a rate greater than 4mg/min may result in ototoxicity which may not be reversible. Maximum infusion rate in patients with severe renal impairment is 2.5mg/min to reduce the likelihood of ototoxicity. IM use is not suitable for the treatment of acute conditions such as pulmonary oedema.

Information provided relates to Furosemide injection manufactured by Claris and Mercury.