

## **POTASSIUM CANRENOATE**

### **ACTION and USES**

Potassium canrenoate is an aldosterone antagonist and is used as an intravenous potassium sparing diuretic when the oral route is not available. Convert to spironolactone (1mg of potassium canrenoate is equivalent to 0.7mg of spironolactone) as soon as possible, as long-term treatment with potassium canrenoate is not recommended in children.

This product is unlicensed in UK.

### **DOSAGE**

1mg/kg every 12 hours

May be increased up to 2mg/kg every 12hours

### **ADMINISTRATION**

By slow IV bolus injection over 3 minutes

### **RECONSTITUTION**

Potassium canrenoate is available as a solution for injection containing 20mg/ml in a 10ml ampoule.

Dilution of potassium canrenoate injection 20mg/ml is not necessary but is appropriate if the measured volume is less than 0.1ml. Dilute as follows:

Potassium canrenoate 1mg/ml

Add 0.5 ml of potassium canrenoate injection 20mg/ml to 9.5ml sodium chloride 0.9% and shake well to mix.

### **INCOMPATIBILITIES**

Do not mix with any other medicines

### **STORAGE**

Potassium canrenoate should be stored below 25°C in the IV medicine cupboard. Unused portion should be discarded immediately.

### **MONITORING**

Monitor renal function ( urine out-put, serum urea and electrolytes and creatinine) and for common side-effects such as hyperuricaemia; pain at injection site on rapid administration; less commonly thrombocytopenia, eosinophilia, and hyperkalaemia; rarely hepatotoxicity, agranulocytosis, osteomalacia, , hypersensitivity reactions (including urticaria and erythema), and alopecia; also gastro-intestinal disturbances, hypotension, hyponatraemia, hypochloraemic acidosis.

### **Guidelines for IV medicine administration – Lothian Neonatal Services**

Prepared May 2015 by: Jenny Carson

Review date May 2018

Checked by: Sherry Wright