

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Most often in UHG clonidine has been commenced in critical care. **When the patient is being transferred FROM critical care, a plan must be documented as to how this is to be weaned.**
- As far as possible, the patient should be **changed to oral therapy** (same equivalent dose)
- **Do not discontinue clonidine abruptly.** To avoid rebound hypertension, gradually reduce dose over 2 to 3 days (ref 1)
- For Y-site compatibility [see below](#)

## Available preparations

Catapres 150 micrograms per 1ml ampoule

## Reconstitution

Already in solution

**Draw up using a 5 micron filter needle**

## Infusion fluids

Sodium chloride 0.9%

Glucose 5%

## Methods of intravenous administration

### **Slow intravenous injection (hypertensive crises)**

- Administer required dose over 10 to 15 minutes (see under further information regarding rate)
- It may be **preferable to add to a small volume of infusion fluid and give as a short infusion** because a slow IV injection over 10 to 15 minutes is probably not practical <sup>(ref 2)</sup>

### **Intermittent intravenous infusion (administer using an electronically controlled infusion device)** <sup>(ref 3)</sup>

- Add required dose to 100ml infusion fluid and administer over 15 minutes
- A 50ml infusion may be used if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

## Dose in adults

### **Hypertensive crises**

- Give 150 to 300 micrograms by slow intravenous injection
- This dose may be repeated up to a maximum of 750 micrograms in a 24 hour period

## Sedation in the ICU setting (unlicensed) <sup>(ref 3)</sup>

- Give 25 to 150 micrograms every six to eight hours

## Monitoring

- **Monitor blood pressure and heart rate** while patient is on clonidine
  - Monitor every 5 minutes while the infusion is running, and every 10 minutes after that for another 30 minutes <sup>(ref 4)</sup>
- When discontinuing clonidine, monitor blood pressure (to ensure rebound hypertension does not occur), and also **monitor for sedation**
- Avoid **sudden withdrawal as this can cause a hypertensive crisis** <sup>(ref 1)</sup>
- If blood pressure or heart rate drops, then the dose rather than the frequency should be reduced <sup>(ref 3)</sup>

## Further information

- Giving clonidine over 10 to 15 minutes may avoid a possible transient pressor effect
- **Renal impairment:** monitor closely as antihypertensive effect may show high variability

## Storage

Store at room temperature less than 25<sup>0</sup>C

## References

Catapres SPC August 2017

1 Uptodate accessed online 09/12/2021

2. Injectable drug guide, accessed via Medicinescomplete 09/12/2021

3: Critical Illness accessed via Medicinescomplete 09/12/2021

4: Local specialist recommendation- Dr O. Flinnerty, email on file

## Therapeutic classification

Antihypertensive but also used in pain and addiction management in critical care