**Medicines Management & Pharmacy Services (MMPS)**
**LTHT Neonatal Unit Administration Guide**

**Potassium Canrenoate**

**Dose:**
1-2mg/kg by intravenous injection every 12 hours. Frequency can be reduced to every 24 hours if clinical need (custom and practice)

**Route of administration:**
Can be administered centrally or peripherally, preferably via a large vein over at least 3 minutes.

**Products available:**
200mg/10mL vials (20mg/mL), Aldactone® brand
Syringes for individual patients are available within normal working hours from pharmacy aseptics as 1mg/mL in glucose 5%

**To prepare a dose:**
Preferred diluent: glucose 5%
Other diluent: sodium chloride 0.9%

For bolus doses draw up 1mL (20mg) of potassium canrenoate and make up to 20mL with glucose 5% to give a concentration of 1mg/mL. Withdraw required dose.

**How to prescribe:**
Prescribe on a LTH drug chart. Document the dose and route on the drug chart

**Compatibilities:**
There is no compatibility data available for potassium canrenoate

**Incompatibilities:**
There is no compatibility data available for potassium canrenoate

**Notes:**
In practice, the conversion between PO spironolactone and IV potassium canrenoate of 1:0.7 is not used and doses are converted on a 1:1 ratio.

If potassium canrenoate needs to be given down the same line as an incompatible infusion or an infusion with no compatibility information, the infusion should be stopped, the line flushed, potassium canrenoate given over 3 minutes, the line flushed and infusion restarted. This applies to all infusions except inotropes and insulin where potassium canrenoate should be infused down a separate line.

**References:**
NHS Injectable Medicines Guide V4 Monograph 21/10/2015, BNFc App (V. 1.2.4) August 2017