Drug Therapy Protocols: Furosemide (frusemide)

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<th>Date</th>
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<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to Furosemide (frusemide) administration.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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**Furosemide (frusemide)**

**Drug class**
Loop diuretic

**Pharmacology**
Furosemide (frusemide) is a potent loop diuretic that acts by inhibiting sodium and chloride absorption in the ascending Loop of Henle (proximal and distal tubules).[1-3]

**Metabolism**
The majority of parenteral frusemide is excreted in the urine within 24 hours, the remainder is excreted in the faeces.[4]

**Indications**
- Congestive cardiac failure
- Fluid overload (with compromised renal function)
- Oliguria (after correction of hypotension and hypovolaemia)

**Contraindications**
- KSAR or hypersensitivity to furosemide (frusemide)
- Pre-hospital use in acute cardiogenic pulmonary oedema
- Patients < 12 years of age

**Precautions**
- Hypotension

**Side effects**
- Marked diuresis can lead to hypotension
- Potassium loss associated with diuresis may aggravate or potentiate dysrhythmias

**Presentation**
- Ampoule, 20 mg/2 mL frusemide

**Onset (IV)** | **Duration (IV)** | **Half-life**
--- | --- | ---
3–5 minutes (peak 30 minutes) | ≈ 2 hours (following stat IV dose) | 1.5 hours
Furosemide (frusemide)

**Schedule**
- S4 (Restricted drugs).

**Routes of administration**
- Intravenous infusion (IV INF)

**Special notes**
- Increased infusion doses may be required in patients with chronic renal impairment and/or who take regular high dose oral furosemide (frusemide).
- All cannulae and IV lines must be flushed thoroughly with sodium chloride 0.9% following each medication administration.

**Adult dosages**
- **Congestive cardiac failure**
- **Fluid overload** (with compromised renal function)
- **Oliguria** (after correction of hypotension and hypovolaemia)

**Paediatric dosages**
- **Note:** QAS officers are **NOT** authorised to administer furosemide (frusemide) to paediatric patients.