

HNE AREA Intensive Care

Approved For: JHH ICU and HDU

CLONIDINE

Trade Name:

Presentation:

Indications: Patients who are difficult to sedate by standard means alone.
Patients with symptoms of withdrawal from opiates, alcohol or benzodiazepine (including that caused by their use in ICU).

Administration; Reduce dose and attempt to cease drug within a week
Withdraw slowly if used for > 5 days
IF CLONIDINE WAS COMMENCED FOR SEDATION/AGITATION ,DO NOT DISCHARGE PATIENTS TO WARD ON CLONIDINE WITHOUT A WITHDRAWL REGIME IN PLACE

Dose Test dose of 50micrograms IV over 15 mins, if no marked hypotension. Usual maximum dose 150 micrograms 6hrly

Precautions Use increased dosage intervals in renal failure
Reduced blood pressure is expected: if excessive, stop clonidine and give fluids.
Bradycardia should respond to atropine: if not, use dobutamine

Compatibilities:

Created: 01-Jan-98 by Dr M Rowley Reviewed: 10-Oct-05 by Dr M Rowley Guideline to be reviewed before : 01-May-09
These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines