

Furosemide

【OLAS】Uretropic® 40mg/Tab

ATC Code : C03CA01

中文名：通舒錠 «杏林新生»

適應症：利尿、高血壓。

藥理分類：Antihypertensive; Diuretic, Loop.

用法用量：Administration: orally, taken without regard to meals.

Indications and dosage regimens:

Adults:

— Edema:

- 20-80 mg, a single dose, preferably in the morning; the dosage then being increased by an additional 20-40 mg at 6- to 8- hour intervals, until the desired response is obtained.
- Maintenance dose: given daily as a single dose or divided into 2 or 3 doses, given once a day every other day, or QD x 2-4 consecutive days each week.
- MAX 600 mg/day.

— Hypertension:

- 40 mg BID. If desired BP not attained, consider adding other antihypertensive agents.
- Usual dosage recommended by JNC 7: 10-40 mg twice daily. Higher doses may be required for patients with acute or chronic renal failure.

Pediatric patients:

— Edema:

- 2 mg/kg as a single dose. If necessary, increase in increments of 1 or 2 mg/kg every 6-8 hours to a MAX dosage of 6 mg/kg (NOT to exceed 40mg/day).
- Use minimum effective dosage for maintenance therapy.

不良反應：姿勢性低血壓、眩暈、電解質失衡、光敏感、口乾、嗜睡、噁心、尿酸升高。

交互作用：

- DESMOPRESSIN: ↑ risk of severe hyponatremia.
- DIGITOXIN: ↑ digitoxin toxicity (nausea, vomiting, cardiac arrhythmias).
- GENTAMICIN: ↑ additive ototoxicity and/or nephrotoxicity.
- NSAIDs: ↓ diuretic effectiveness and may ↑ nephrotoxicity.
- Sucralfate: ↓ the serum concentration of Furosemide, (impaired absorption).

注意事項：

1. 無尿症 (anuria) 病患禁用本品。
2. 對 Sulfonamide 衍生物會引起過敏症者，亦可能發生過敏，須謹慎使用。
3. 電解質不平衡、高尿酸患者，須謹慎使用。

懷 孕 期：

1. 不宜使用。
2. Furosemide crosses the placenta (Beerman 1978; Riva 1978).
3. Monitor fetal growth if used during pregnancy (ESC [Regitz-Zagrosek 2018]).
4. If a diuretic is needed for the treatment of hypertension in pregnancy, other agents are preferred (ACOG 203 2019).
5. Low dose furosemide may be considered in p'ts with preeclampsia and oliguria.

授 乳 期：

1. Furosemide 會分泌至母乳中，授乳婦不宜使用。
2. Large doses of loop diuretics have the potential to decrease milk volume and suppress lactation; use should be avoided when possible (ACOG 2019; WHO 2002).