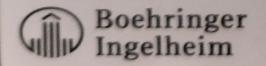


Catapres® Ampoules 150 micrograms in 1 ml Solution for injection clonidine hydrochloride

5 x 1 ml ampoules



Version 2.0 March 2021 SRFT

# Clonidine

# What is it?

- Alpha-2 agonists such as clonidine are usually used as sedative adjuncts as on its own can not achieve moderate-deep sedation.
- It has analgesic properties as a result of stimulation of opioid receptors, and is also anxiolytic
- Clonidine injection licensed for hypertensive crises, tablets for essential and secondary hypertension.

# Why do we use it?

- Clonidine acts in a different way to other agents.
- It has minimal effect on respiratory rate or cardiac output
- It has analgesic properties and is an effective drug for the relief of withdrawal syndromes where tachycardia, hypertension, hot and cold flushes and general restlessness are prominent features.

### How do we give it?

- We tend to give it via an infusion of 750 micrograms/50mls at dose of 0.1 to 2 micrograms/kg/hour via a central line or peripheral cannula
- Or we can give a intermittent doses
- 25 to 150 micrograms intravenously given slowly over 10 mins, every 6 to 8 hours
- Or enterally initially 25 to 100 micrograms every 6 to 8 hours.
- Or more if been on large IV doses

# What are the problems with it?

- It's licensed as an antihypertensive and therefore causes hypotension and bradycardia.
- Systemic alpha-2 agonist effects i.e. hypotension, bradycardia, ↓GI motility
- Long half-life: 10 20 hours
- Renally cleared (70% of the dose)
- Some patients don't respond to it
- Withdrawal of long term clonidine requires care as abrupt withdrawal may cause rebound hypertension.

#### What should we look out for?

- Check level of sedation
- Check blood pressure
- If blood pressure or heart rate drops, then the dose rather than frequency should be reduced
- It is well absorbed in the gastrointestinal tract within 30 minutes of administration<sup>14</sup>
- Peak plasma concentration is reached 1 to 3 hours after oral administration