

 Ingelheim

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

5 x 1 ml ampoules



Boehringer
Ingelheim

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 administration¹⁴
- Peak plasma concentration is reached 1 to 3 hours after oral administration