Clonidine Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- Most often in UHG clonidine has been commenced in critical care. **When the patient is being transferred FROM critical care**, a **plan must be documented** as to **how this is to be weaned**.
- As far as possible, the patient should be **changed to oral therapy** (same equivalent dose)
- **Do not discontinue clonidine abruptly.** To avoid rebound hypertension, gradually reduce dose over 2 to 3 days [ref 1]
- For Y-site compatibility see below

Available preparations

Catapres 150 micrograms per 1ml ampoule

Reconstitution

Already in solution

Draw up using a 5 micron filter needle

Infusion fluids

Sodium chloride 0.9%

Glucose 5%

Methods of intravenous administration

Slow intravenous injection (hypertensive crises)

- Administer required dose over 10 to 15 minutes to avoid a possible transient pressor effect
- It may be **preferable to add to a small volume of infusion fluid and give as a short infusion** because a slow IV injection over 10 to 15 minutes is probably not practical

Intermittent intravenous infusion (administer using an electronically controlled infusion device)

- Suggest: add required dose to 100ml infusion fluid and administer over 15 minutes
- A 50ml infusion may be used if required (eg fluid restriction) but the residual volume in the infusion line must be flushed through at the same rate to avoid significant underdosing

Dose in adults

Hypertensive crises

- Give 150 to 300 micrograms by slow intravenous injection
- This dose may be repeated up to a maximum of 750 micrograms in a 24 hour period

Sedation in the ICU setting (unlicensed) [ref 2]

- Give 25 to 150 micrograms every six to eight hours

Renal impairment

- Monitor closely as antihypertensive effect may show high variability

Monitoring

- **Monitor blood pressure and heart rate** while patient is on clonidine
    - Monitor every 5 minutes while the infusion is running, and every 10 minutes after that for another 30 minutes [ref 3]
- When discontinuing clonidine, monitor blood pressure (to ensure rebound hypertension does not occur. If blood pressure or heart rate drops, then the dose rather than the frequency should be reduced [ref 2]

Storage

Store at room temperature less than 25^{0}C

References

Catapres SPC July 2022

1 Uptodate accessed online 19/06/2025

2: Critical Illness accessed via Medicinescomplete 19/06/2025

3: Local specialist recommendation- Dr O.Finnerty, email on file 26/06/2025

Therapeutic classification

Antihypertensive but also used in pain and addiction management in critical care