“The aim of this study is to analyze the available data for evaluation of the efficacy and safety of intermittent versus continuous dose regimens.” Gallusová et al (2014).

Reference:


Optimal way of administration of high dose intravenous furosemide http://ctt.ec/1dFps+
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Abstract:

INTRODUCTION: Furosemide is a loop diuretic used in states of volume overload. The need for high doses is due to its reduced efficacy caused by lower concentration of furosemide achieved at the site of action in the renal tubule lumen and adaptation mechanisms. High doses have been associated with the development of ionic dysbalance, direct toxicity and intravascular volume fluctuations. The way of furosemide administration (intermitent versus continuously) to influence efficacy and safety is contradictory evaluated in EBM.

AIM: The aim of this study is to analyze the available data for evaluation of the efficacy and safety of intermittent versus continuous dose regimens.

METHODS: A systematic search on PubMed from 1990 to 2013 using the keywords – furosemide, loop diuretic, bolus, continuous infusion, efficacy, safety, heart failure, ICU, critical care.

CONCLUSION: The pharmacokinetic and pharmacodynamic knowledge of furosemide create a theoretical assumption for the preference of continuous infusions before intermittent boluses. Assessment of available studies, however, yet in clinical practice did not proof the advantage of one over the other route of administration.

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