

Medications

Medication	Indication	Usual Dosing Regimen	Recommended Monitoring	Side Effects	When To Stop
Albuterol (Ventolin HFA®) or Levalbuterol (Xopenex HFA®)	Reactive airway (RA) disease associated with bronchopulmonary dysplasia (BPD)	2 puffs inhaled by MDI every 4-6 hours as needed	None	Tachycardia, exacerbation of tracheomalacia, agitation	When wheezing episodes are no longer present and, in RA, taper and discontinue.
Inhaled beclomethasone (QVAR®)	Reactive airway disease associated with BPD	1 puff inhaled q12 hours	None	Reduced linear growth, thrush	When wheezing episodes are no longer present and, in RA, taper and discontinue.
Caffeine citrate (Cafcit®)	Apnea of prematurity	5-10 mg/kg/day PO daily maintenance dosing (20 mg/kg loading dose)	None	Tachycardia, GI upset, agitation	Usually can discontinue between 34 and 35 weeks postmenstrual age, or after 5-7 days free of apnea. Home cardiorespiratory monitoring after discharge may be prescribed for some preterm infants with an unusually prolonged course of recurrent, extreme apnea.
Chlorothiazide (Diuril®)	Fluid sensitive BPD; inhibits sodium and chloride reabsorption in distal tubule	20-40 mg/kg/day PO divided BID; maximum 375 mg/day	Once on stable dose, check electrolytes once a month. If dose changes, check electrolytes 2-3 days later.	Hypokalemia, hyponatremia, hypomagnesemia, hypochloremic alkalosis	After infant is stable on RA, allow to outgrow diuretic dose by 50% before stopping.
Furosemide (Lasix®)	Fluid sensitive BPD; inhibits sodium and chloride reabsorption in the ascending loop of Henle	1-4 mg/kg/day PO or IV daily, or divided BID	Once on stable dose, check electrolytes once a month. If dose changes, check electrolytes 2-3 days later.	Hypokalemia, hyponatremia, hypocalcemia, hypercalciuria, nephrocalcinosis, metabolic alkalosis, photosensitivity	After infant is stable on RA, allow to outgrow diuretic dose by 50% before stopping.

Continued

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Phenobarbital	Seizures	3-6 mg/kg PO daily or divided BID maintenance dosing; (loading dose 20 mg/kg, may repeat once)	Target trough levels are 20-40 mcg/mL	CNS depression, cognitive deficits	Wean gradually as per neurology recommendations if seizure-free.
Ranitidine (Zantac®)	GERD, gastric hypersecretory states	2-4 mg/kg/day PO divided q8-12 h; maximum 6 mg/kg/day	None	Abdominal pain, nausea, vomiting, diarrhea	When symptoms of reflux improve
Prevacid	GERD	0.5-1 mg/kg PO q day, maximum 7.5 mg/day	None	Abdominal pain, nausea, vomiting, diarrhea	When symptoms of reflux improve
Ferrous sulfate supplements (Fer-In-Sol®)	Nutritional supplement, iron-deficiency anemia	2-4 mg elemental Fe/kg PO q day; maximum 15 mg elemental Fe/day	None	GI upset, constipation, nausea	At 1 year of age, unless iron-deficiency anemia present.
Vitamin D (D-Vi-Sol®, Tri-Vi-Sol® or Poly-Vi-Sol®)	Nutritional supplement: Vitamin D intake of at least 400 IU/day is recommended	1 ml PO q day	None	GI upset	
Potassium chloride supplements	Electrolyte replacement while on diuretics	1-2 mEq/kg/day PO divided 2-4 times daily; mix quantity in with feeds	Once on stable dose, check electrolytes once a month. If dose changes, or diuretic class changes, check electrolytes 2-3 days later.	Abdominal pain, diarrhea, nausea, vomiting, hyperkalemia	As diuretic weans off, will need to decrease dose / discontinue KCl supplements and monitor electrolytes closely
Sodium chloride supplements	Electrolyte replacement while on diuretics	1-6 mEq/kg/day PO divided 2-4 times daily; mix quantity in with feeds	Once on stable dose, check electrolytes once a month. If dose changes, or diuretic class changes, check electrolytes 2-3 days later.	Abdominal pain, diarrhea, nausea, vomiting, hyponatremia	As diuretic weans off, will need to decrease dose / discontinue NaCl supplements and monitor electrolytes closely