South Australian Neonatal Medication Guidelines

Atenolol

5mg/mL oral mixture

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Dose and Indications

Tachyarrhythmia (e.g. supra ventricular tachyarrhythmia), hypertension

Oral

0.5 to 2mg/kg per day in 1 to 2 divided doses

Preparation and Administration

The oral mixture contains 5mg/mL of atenolol.

Dose	1mg	2mg	3mg	4mg	5mg	6mg
Volume	0.2mL	0.4mL	0.6mL	0.8mL	1mL	1.2mL

Adverse Effects

Common

Cold extremities, diarrhoea, bradycardia, hypotension, heart failure, alteration of glucose and lipid metabolism

Infrequent

Rash, nasal congestion, heart block

Rare

Hypersensitivity reactions, thrombocytopenia, liver function abnormalities

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Monitoring

- Monitor heart rate, blood pressure and observe for bronchospasm hourly for 3 hours after the first dose.
- Monitor blood glucose levels 3 hours after the first dose.
- Consider the above monitoring with every mg/kg increase in dosage.

Practice Points

- When stopping treatment, reduce dose gradually as abrupt withdrawal may exacerbate arrhythmias or precipitate rebound hypertension.
- If dose is greater than 1mg/kg, it can be split into two doses.
- As a selective ß1 agonist, atenolol is less likely to cause hypoglycaemia compared to propranolol.
- May need a dose reduction in severe renal impairment.
- Atenolol is not available in a parenteral form. If IV therapy required, consult paediatric cardiologist.

Document Ownership & History

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