



Midstate Regional Emergency Medical Services Council

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Midstate REMAC Advisory

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Subject Furosemide Shortage

Purpose: Due to a shortage of Furosemide (Lasix) it has become necessary to add Demadex (Torsemide) to the Midstate Formulary.

Background: According to the FDA there is an unexpected shortage of Furosemide.

Procedure: 20 mg Demadex (Torsemide) may be administered in the Pulmonary Edema Protocol (pg 51) when Lasix is not available. All providers should become familiar with this medication which is similar to Lasix. The contraindications are Anuria and Sulfonamide hypersensitivity.

DEMADEX

Torsemide (Roche Labs)

RX

PDR PAGE: 2759

DOSAGE: *Adults:* PO/IV (bolus over 2 minutes or continuous): CHF: Initial: 10-20mg qd. Max: 200mg single dose. Chronic Renal Failure: Initial: 20mg qd. Max: 200mg single dose. Hepatic Cirrhosis: Initial: 5-10mg qd with aldosterone

antagonist or K⁺-sparing diuretic. Titrate: Double dose. Max: 40mg single dose. HTN: Initial: 5mg qd. Titrate: May increase to 10mg qd in 4-6 weeks, then may add additional antihypertensive agent.

ADVERSE REACTIONS: Headache, excessive urination, dizziness, cough, ECG abnormality, asthenia, rhinitis, diarrhea.

HOW SUPPLIED: Inj: 10mg/mL; Tab: 5mg*, 10mg*, 20mg*, 100mg* *scored

INDICATIONS: Treatment of edema associated with CHF, renal disease, chronic renal failure or hepatic disease. Treatment of hypertension.

CONTRAINDICATIONS: Anuria, sulfonamide hypersensitivity.

WARNINGS/PRECAUTIONS: Caution with cirrhosis and ascites in hepatic disease. Tinnitus and hearing loss (usually reversible) reported. Avoid excessive diuresis, especially in elderly. Caution with brisk diuresis, inadequate oral intake of electrolytes, and cardiovascular disease, especially with digitalis glycosides. Monitor for electrolyte/volume depletion. Hyperglycemia, hypokalemia, hypermagnesemia, hypercalcemia, gout reported. May increase cholesterol and TG.

PREGNANCY: Category B, caution in nursing.

INTERACTIONS: Caution with high dose salicylates, aminoglycosides. Lithium toxicity. Indomethacin partially inhibits natriuretic effect. Avoid simultaneous cholestyramine administration. Probenecid decreases effects. Reduces spironolactone clearance. Risk of hypokalemia with ACTH, corticosteroids. Possible renal dysfunction with NSAIDs.