

PO daily, max 540 mg/day. **HTN**, once daily, graded extended-release (Cardizem LA): Start 180 to 240 mg PO daily, max 540 mg/day. **HTN**, twice daily, sustained-release: Start 60 to 120 mg PO two times per day, max 360 mg/day. **Angina**, immediate-release: Start 30 mg PO four times per day, max 360 mg/day divided three to four times per day. **Angina**, extended-release: Start 120 to 240 mg PO daily, max 540 mg/day. **Angina**, once daily, graded extended-release (Cardizem LA): Start 180 mg PO daily, doses more than 360 mg may provide no additional benefit. [Generic/Trade: Tabs, immediate-release, unscored (Cardizem) 30 mg, scored 60, 90, 120 mg. Caps, extended-release (Cardizem CD, Cartia XT daily) 120, 180, 240, 300, 360 mg, (Diltzac, Taztia XT, Tiazac daily) 120, 180, 240, 300, 360, 420 mg. Tabs, extended-release (Cardizem LA daily, Matzim LA) 180, 240, 300, 360, 420 mg. Generic only: Caps, extended release (twice daily) 60, 90, 120 mg. Trade only: Tabs, extended-release (Cardizem LA daily) 120 mg.] ▶L ♀C ▶+ \$\$

VERAPAMIL (Isoptin SR, Calan, Calan SR, Verelan, Verelan PM) SVT adults: 5 to 10 mg IV over 2 min. **SVT peds** (age 1 to 15 yo): 2 to 5 mg (0.1 to 0.3 mg/kg) IV, max dose 5 mg. **Angina**, immediate-release: start 40 to 80 mg PO three to four times per day, max 480 mg/day. **Angina**, sustained-release: Start 120 to 240 mg PO daily, max 480 mg/day (use twice daily dosing for doses greater than 240 mg/day with Isoptin SR and Calan SR). **HTN:** Same as angina, except (Verelan PM) 100 to 200 mg PO at bedtime, max 400 mg/day; immediate-release tabs should be avoided in treating HTN. Use cautiously with impaired renal/hepatic function. [Generic/Trade: Tabs, immediate-release, scored (Calan) 40, 80, 120 mg. Tabs, sustained-release, unscored (Isoptin SR, Calan SR) 120 mg, scored 180, 240 mg. Caps, sustained-release (Verelan) 120, 180, 240, 360 mg. Caps, extended-release (Verelan PM) 100, 200, 300 mg.] ▶L ♀C ▶- \$\$

Diuretics—Loop

NOTE: Thiazides are preferred diuretics for HTN. With decreased renal function (CrCl <30 mL/min), loop diuretics may be more effective than thiazides for HTN. Rare hypersensitivity in patients allergic to sulfa-containing drugs, except ethacrynic acid. For diuretics given twice daily, give second dose in mid-afternoon to avoid nocturia.

BUMETANIDE (Bumex, *Burinex) Edema: 0.5 to 1 mg IV/IM; 0.5 to 2 mg PO daily. 1 mg bumetanide is roughly equivalent to 40 mg furosemide. [Generic only: Tabs, scored 0.5, 1, 2 mg.] ▶K ♀C ▶? \$

ETHACRYNIC ACID (Edecrin) Can be safely used in patients with true sulfa allergy. **Edema:** 0.5 to 1 mg/kg IV, max 100 mg/dose; 25 to 100 mg PO daily to two times per day. [Generic/Trade: Tabs, scored 25 mg.] ▶K ♀B ▶? \$\$\$\$

FUROSEMIDE (Lasix) HTN: Start 10 to 40 mg PO two times per day, max 600 mg daily. **Edema:** Start 20 to 80 mg IV/IM/PO, increase dose by 20 to 40 mg in 6 to 8 h until desired response is achieved, max 600 mg/day. **Ascites:** 40 mg PO daily in combination with spironolactone; may increase dose after 2 to 3 days if no response. [Generic/Trade: Tabs, unscored 20, scored 40, 80 mg. Generic only: Oral soln 10 mg/mL, 40 mg/5 mL.] ▶K ♀C ▶? \$