

# Chloral hydrate

## 100mg/mL oral mixture

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**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

**This is a High Risk Medication** 

Potentially toxic medication. An overdose can be rapidly fatal.

### Dose and Indications

#### Sedation<sup>1</sup>

**Oral**

8mg/kg/dose every 6 to 8 hours

#### Sedation prior to imaging procedures

**Oral**

25 to 75 mg/kg as a single dose, given 30 minutes before the procedure

### Preparation and Administration

**Oral**

Dilute 1mL of chloral hydrate 100mg/mL with 1mL water for injection to make a 50mg/mL mixture.

<b>Dose</b>	10mg	20mg	40mg	80mg	100mg	150mg
<b>Volume</b>	0.2mL	0.4mL	0.8mL	1.6mL	2mL	3mL

Discard the remainder of the diluted solution immediately.

For oral use, the mixture should be diluted or administered after feeding to reduce gastric irritation



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### Adverse Effects

#### Common

Respiratory depression, cardiac depression, vomiting, diarrhoea (particularly if given on an empty stomach). paradoxical excitement.

#### Rare

Vasodilation, hypotension, arrhythmias, hyperbilirubinaemia.

### Monitoring

- > Respiration
- > Heart rate and oxygen saturation
- > Liver function tests
- > Blood pressure

### Practice Points

- > Onset of action is approximately 15 minutes with duration of action up to 2 hours.
- > Chloral hydrate is of no use in the control of pain
- > Should be used with caution in patients with renal or hepatic disease due to the potential for accumulation.
- > May increase the elimination of phenytoin thereby reducing its therapeutic action.
- > Chloral hydrate is hyperosmolar. Use caution in in preterm infants at increased risk of necrotising enterocolitis.
- > Repeated administration can lead to accumulation.
- > Flumazenil may be of some value in the management of an overdose

### References

1. Paediatric Pharmacopoeia, 2005, 13<sup>th</sup> edition. Ed. Kemp CA, McDowell JM. Royal Children's Hospital, Melbourne, Australia



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### Document Ownership & History

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15/05/2015	V1	SA Health Safety and Quality Strategic Governance Committee	Original SA Health Safety and Quality Strategic Governance Committee approved version

