

Drugs that require loading doses

All doses refer to adults doses unless specified.

Medication	Usual maximum dose in primary care	Additional information
Drugs for arrhythmias		
Amiodarone	200mg daily	
Digoxin	Atrial fibrillation: 250 micrograms (125 micrograms if >70 years old) For heart failure: 125 micrograms daily	
Flecainide	300mg daily. The majority of patients will not need this dose. Query doses over 200mg.	If prescribed as a "pill in the pocket" (stat dose for cardioversion) this must be initiated in secondary care. Ensure patient understands how to use.
Anticoagulants and antiplatelets		
Acenocoumarol	Doses vary considerably between patients.	Query any newly initiated doses over 5mg daily.
Aspirin	Post ischaemic event 300mg daily (if not on warfarin) Prevention CVD 75mg daily Kawasaki syndrome in children (1 month – 12 years) 5mg/kg daily	Check indication to ensure dose is appropriate.
Clopidogrel	75mg daily	
Phenindione	150mg daily	Dosing variable depending on response. Some patients need <50mg a day. Check large changes in dose.
Warfarin	Doses vary considerably between patients.	Query any newly initiated doses over 5mg daily.
Corticosteroids		
Dexamethasone	Cerebral oedema: Adults 6mg daily	Check indication to ensure dose is appropriate.
Hydrocortisone	Adrenocortical insufficiency 30mg daily	Split into two divided doses, larger dose in the morning, smaller in the evening
Prednisolone	Crohns, ulcerative colitis: doses are reduced once in remission. Suppression of inflammatory and allergic disorders: 15mg daily Asthma/COPD 40mg daily short course Temporal arteritis 60-80mg daily short course	Reducing doses initiated in secondary care will be specified in clinic letter or discharge letter.
Azathioprine	Rheumatoid disease: 3mg/kg daily Transplantation: 4mg/kg/day	Target doses/dose ranges will be specified in the clinic letter from secondary care
Leflunomide	20mg daily	Loading doses are not used by the rheumatology team at RDE,NDDH, SDHFT; rarely used in PHNT
Anticonvulsants		
Phenytoin	Adults: 500mg daily (The majority do not need this dose) Children: 1 month – 12 years 7.5mg/kg twice daily or 300mg daily 12-18 years: 300mg twice daily	Doses vary considerably between patients. Titrated to response and plasma concentration. Query large changes in dose. Dose adjustments in adults are usually in increments of no greater than 50mg.

References: BNF Edition 62 September 2011; BNFC 2011 – 2012, joint formularies , SPCs

Prescribing and Medicines Management Team November 2011 - produced following National Patient Safety Agency Rapid Response Report: Preventing fatalities from medication loading doses