MONOGRAPH

TAMSULOSIN

Scope (Staff):	Medical, Pharmacy, Nursing, Anaesthetic Technicians
Scope (Area):	All Clinical Areas

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this DISCLAIMER

QUICKLINKS

Dosage/Dosage Adjustments	Administration	Compatibility	Monitoring

DRUG CLASS

Tamsulosin is a selective alpha$_1$ blocker[1]

INDICATIONS AND RESTRICTIONS

- Urinary retention, neurogenic bladder and posterior urethral valves cases in patients where surgery is inappropriate, or where other treatments have proved ineffective
- Ureteric stones/calculi[2]; dysfunctional voiding[3]; primary bladder neck dysfunction[4, 5]

CONTRAINDICATIONS[6]

- Hypersensitivity to tamsulosin or any component of the formulation.
- History of orthostatic hypotension
- Severe hepatic impairment (Child-Pugh scores > 9)
- Severe renal impairment with creatinine clearance < 10 mL/minute
- Concurrent use of another alpha$_1$adrenoceptor inhibitor

PRECAUTIONS

First dose may cause transient postural hypotension.[3, 6] See Monitoring

Use with caution in patients with sulfa allergy[6]

FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- 400 microgram modified release tablet

Imprest location: Formulary One

DOSAGE & DOSAGE ADJUSTMENTS

***NOTE:** Cutting the 400 microgram modified release (MR) tablet destroys the sustained release properties, and the dose is then assumed to have the characteristics of an immediate release dose.

AGE	Body weight	Dose
Under 2 years[7]	**Under 12.5 kg**	No dosage information
2 - 8 years[7,8,9]	**12.5 - 25 kg**	100 microgram twice daily
Over 8 years[2, 7, 8 , 9]	**Over 25 kg**	400 microgram once daily

Renal impairment:

- Do not use in severe renal impairment (creatinine clearance < 10 mL/min)[3, 6]
- eGFR calculator

Hepatic impairment:

- Mild to moderate impairment - no dose adjustment is required[3, 6]
- Severe hepatic impairment (Child-Pugh scores > 9) – tamsulosin is a contraindication[3, 6]

ADMINISTRATION

- Swallow tablet whole, do not break, crush or chew (when possible) to maintain the sustained release properties of the tablet[6]
- If the tablet is cut, crushed, or chewed, then it becomes immediate release. If the tablet is required to be cut the dose should ideally be split into twice daily dosing.
- For 100 microgram dosing, the 400 microgram MR tablet can be divided into quarters. Keep remainder of tablet in the blister for subsequent doses.
- Can be taken without regard to food[6]

MONITORING

Blood pressure, urinary symptoms[8]

Suitable monitoring for potential side effects, particularly with initiation of therapy. Four hourly blood pressure readings should be taken for the first 24 hours for patients under the age of 10 years or with additional risk factors (6 readings)[10].

ADVERSE EFFECTS[1]

Common: first-dose hypotension, postural hypotension, dizziness; floppy iris syndrome in cataract surgery; nasal congestion, urinary urgency, headache, weakness, fatigue

Infrequent: tachycardia, palpitations, oedema, fainting, blurred vision, urinary incontinence, nausea, vomiting, diarrhoea, dry mouth, increased sweating, drowsiness

Rare: hypersensitivity reactions, itch, depression, mood changes, dyspnoea, paraesthesia, priapism

STORAGE[6]

Store below 25º C

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. Clinical Pharmacology), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

Please note: The information contained in this guideline is to assist with the preparation and administration of **tamsulosin**. Any variations to the doses recommended should be clarified with the prescriber prior to administration

References

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