# Drug Information Table

## Mineralocorticoids – fludrocortisone

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Administration – Health Care Professional</th>
<th>Administration – Patient/Family Member</th>
</tr>
</thead>
</table>
| • Replacement therapy for acute and chronic adrenocortical insufficiency (Addison’s disease, primary hypoaldosteronism, congenital adrenal hyperplasia) usually along with hydrocortisone | • Give orally daily or three times a week.  
• Obtain CBC and electrolyte levels at baseline and periodically thereafter.  
• Make sure patients wear a medical alert band.  
• Expect lifelong therapy. | • Expect lifelong therapy. |

<table>
<thead>
<tr>
<th>Side/Adverse Effects</th>
<th>Interventions</th>
<th>Patient Instructions</th>
</tr>
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| • Few at low, therapeutic levels  
• At levels above that which is therapeutic, fluid and electrolyte imbalances that can lead to hypertension, edema, heart failure, hypokalemia | • Monitor for side effects related to inappropriate dosing  
• Signs of excess dosing (increase in weight, fluid retention, increase in blood pressure, hypokalemia).  
• Signs of inadequate dosing (weight loss, poor appetite, fatigue, muscle weakness, hypotension). | • Report weight gain or swelling (high sodium levels).  
• Report weakness or palpitations (low potassium levels).  
• Have blood pressure checked regularly. |

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<tr>
<th>Contraindications</th>
<th>Precautions</th>
<th>Interactions</th>
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| • Potassium-depleting diuretics  
• Acute glomerulonephritis  
• Hypercortisolism  
• Viral or bacterial skin diseases uncontrolled by antibiotics | • Heart failure  
• Systemic fungal infection  
• Thromboembolic disorders  
• Diabetes mellitus  
• Hypertension  
• Renal dysfunction | • Rifampin (Rifadin) decreases levels  
• Antidiabetes effects of insulin and sulfonylureas decrease.  
• Potassium-depleting diuretics, such as furosemide (Lasix), increase the risk of hypokalemia. |