

### *Administration*

- Oral solution may be administered via an enteral feeding tube. Alternatively, tablets may be crushed and dispersed in water for administration via an enteral feeding tube. The 25microgram tablets do not appear to disperse in water as readily as the 100microgram tablets. IV solution may also be given via the enteral tube. No specific data for jejunal administration: suggest administration as for gastrostomy and monitor for increased side effects or loss of efficacy.
- Injection can be administered by buccal or sublingual route. Alternatively oral tablets can be administered sublingually
- Rectal administration using parenteral preparation diluted to 10micrograms/ml with sodium chloride 0.9%
- Parenteral solution can be administered undiluted as a subcutaneous injection or diluted in sodium chloride 0.9% for continuous subcutaneous infusion. Can be combined with a number of other drugs commonly administered by continuous subcutaneous infusion in palliative care: consult appropriate specialist texts.
- After removal of the clonidine transdermal system clonidine plasma concentrations decline slowly with half-life of approximately 20 hours. It may take 3 – 5 days for complete clearance of clonidine although decreased systemic levels may be apparent within 24 hours of removal.

### *Patient information*

- Patient information: see Medicines for Children leaflet: “Clonidine for Tourette’s syndrome ADHD and sleep onset disorder” <https://www.medicinesforchildren.org.uk/medicines/clonidine-for-tourettes-syndrome-adhd-and-sleep-onset-disorder/>

### *Available as*

- Tablets (25micrograms, 100micrograms), oral solution (50micrograms/5ml), injection (150 micrograms/ml), transdermal patch (available via importation company)
  - 2.5mg patch (=100 micrograms clonidine/day for 7 days)
  - 5mg patch (=200 micrograms clonidine/day for 7 days)
  - 7.5mg patch (= 300 micrograms clonidine/day for 7 days)

Evidence: (3,11,58,81,97–111)