

Clonidine immediate release to guanfacine extended-release switch: Titration sheet for patients/family

Today's date: _____ Patient's full name: _____

Current total daily clonidine dose: _____ Prescribing doctor: _____

Target clonidine dose: _____ Target guanfacine dose: _____

Baseline blood pressure (prior to starting dosage titration): _____

Step 1 (Strike out formulation and/or dose timing that is not required.)

Dosage Titration						Monitoring		
	Morning	Midday	Afternoon	Night	From	Date	Blood Pressure	Heart Rate
Clonidine 100 microg tablet					___/___/___			
Clonidine 150 microg tablet					until			
Clonidine Liquid (compounded)					___/___/___			
___ microg / millilitre								
Total daily clonidine dose:								
Total daily dose of guanfacine:						<i>If symptoms of dizziness or faintness occur, contact your prescriber or general practitioner</i>		

Step 2 (Strike out formulation and/or dose timing that is not required.)

Dosage Titration						Monitoring		
	Morning	Midday	Afternoon	Night	From	Date	Blood Pressure	Heart Rate
Clonidine 100 microg tablet					___/___/___			
Clonidine 150 microg tablet					until			
Clonidine Liquid (compounded)					___/___/___			
___ microg / millilitre								
Total daily clonidine dose:								
Total daily dose of guanfacine:						<i>If symptoms of dizziness or faintness occur, contact your prescriber or general practitioner</i>		



Step 3 (Strike out formulation and/or dose timing that is not required.)

Dosage Titration						Monitoring		
	Morning	Midday	Afternoon	Night	From	Date	Blood Pressure	Heart Rate
Clonidine 100 microg tablet					___/___/___			
Clonidine 150 microg tablet					until			
Clonidine Liquid (compounded)					___/___/___			
___ microg / millilitre								
Total daily clonidine dose:								
Total daily dose of guanfacine:						If symptoms of dizziness or faintness occur, contact your prescriber or general practitioner		

Step 4 (Strike out formulation and/or dose timing that is not required.)

Dosage Titration						Monitoring		
	Morning	Midday	Afternoon	Night	From	Date	Blood Pressure	Heart Rate
Clonidine 100 microg tablet					___/___/___			
Clonidine 150 microg tablet					until			
Clonidine Liquid (compounded)					___/___/___			
___ microg / millilitre								
Total daily clonidine dose:								
Total daily dose of guanfacine:						If symptoms of dizziness or faintness occur, contact your prescriber or general practitioner		

This sheet can be used to record blood pressure and heart rate and be shared with your general practitioner or Child and Adolescent Health Service prescriber.



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Child and Adolescent Health Service



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