Vasoactive Infusions Policy

The attached list shall serve as a guideline for placement of patients in appropriate units and for nursing monitoring of these patients for all infusions listed in the policy.

Definitions:
Initiate: to start an infusion in a patient
Maintain: to continue an infusion at a fixed, physician determined rate. The rate may be changed by new physician orders, but is not up to the discretion of the nurse (example : diltiazem drip at 5 mg/hr)
Titrate: To adjust the rate of an infusion to meet parameters set by physician (example: Titrate dopamine infusion to maintain systolic blood pressure greater than 90.)
Wean: To gradually decrease the infusion rate until the infusion is stopped. All units that can maintain an infusion may wean an infusion. Weaning is **not equivalent** to titration

Restrictions:
1. All drips on the list must be initiated by an RN certified in telemetry or by an LPN certified in telemetry with special training as specified by unit specific policy.
2. Patients placed on cardiac or medical telemetry may have a maximum of one drip from this list.
3. Patients in cardiac or surgical step down units may have a maximum of three drips from this list, and no more than one of the drips may be titrated
4. This policy applies to adult patients only

Limitations:
1. These are guidelines. In the event a patient requires an infusion on this list and is unable to move to an appropriate unit in a timely fashion, the infusion will be initiated and monitored (if necessary with a nurse from the unit receiving the transfer or a nurse manager or supervisor) until transfer is feasible.
2. These guidelines do not restrict in any manner the administration of these medications in a code situation
3. The information included in this table is by nature brief and cannot cover every possible side effect or important note regarding use of the medication. It is the responsibility of the nurse administering the medication to inform him or herself completely on the latest prescribing information and monitoring recommendations.
4. These guidelines do not replace unit monitoring guidelines or nursing judgment. In the event that a unit has a stricter policy on monitoring, the unit policy shall be used (example: if a unit requires vital signs to be documented each hour, then this must be done even if the policy would allow a stable patient on a stable drip to be assessed at a longer frequency). The nurse is allowed to use his/her own judgment and may monitor and document more frequently than the policy requires.

Other:

1. All drips running at rates greater than 5 ml/hr shall be rounded to the nearest ml per hour (i.e. decimal points such as 11.4 ml/hr will not be used)
2. It is highly recommended that the following drips run through a central line: phenylephrine, norepinephrine, dobutamine, dopamine, nitroprusside and epinephrine.
3. The rate on all vasoactive drips should be verified by an independent calculation (another person, drip rate chart, etc.) The nurse shall never rely on the pump calculation as the sole source
4. Physicians are strongly encouraged not to write concentrations or diluents on vasoactive drip orders to allow pharmacy to utilized premixed drips or utilize the diluent in which the the agent is most stable.
5. Unless there is a clinically significant reason not to do so, standard concentrations and diluents will be used for all drips.
6. In the event that a higher concentration is required for patient safety or nursing convenience, the nurse shall check with the pharmacy regarding the stability of the higher concentration and shall obtain an order for the new concentration. When a concentration other than the standard concentration is used, the pharmacy shall note on the IV bag that the concentration differs from the standard and shall record the actual concentration on the bag label.

References:

1. 2005 Intravenous Medications, 21st edition by Betty L. Gahart and Adrienne R. Nazareno
2. Micromedex online edition, accessed January of 2005