

ADULT SURGICAL CRITICAL CARE IV DRIP REFERENCE SHEET

1000

Medication	Classification	Dilution	Initial Dose	Maintenance/Titration Dose	Indication	Precautions/Contraindications
Alteplase tPA (Vasc Surg Only) 	Fibrolytic Agent	10mg/25ml NS Or Dial infusor 5mg/25ml NS 2 bags	Set Pump to 1.6408 to get correct dosing parameters	Main: 1mg/hr Or 0.5mg/hr for each bag on dial infusion. Dosing may be halted or stopped for low Fibrinogen level	Catheter directed thrombolysis	- Side effects: Bleeding, Pulmonary embolism, Fat embolism, Angiodema - Must be connected to the inner catheter of the sheath for direct clot administration and not the sideport. - Recommened Fibrinogen level Q6h. Goal Fibrinogen >200
Amiodarone Cordarone Tx & prophylaxis of VT/VF/VT 	Antiarrhythmic Group III	Load: 150mg in 100ml D5W Main: 450mg in 250ml D5W  Use 0.2 µg/kg/hr	Load: 150mg over 10min - rapid loading infusion P Main: 360mg in 200ml 1mg/ml/hr bag	Main: 1mg/min x 10hrs Then, 0.5mg/min x 18hrs. May be continued at this rate for up to 2 - 3 weeks.	- Tx of VT/VF/VT - Prophylaxis of frequently occurring VF and hemodynamically unstable VT refractory to other therapy	- Has a long half-life; drug interactions may persist long after drug is discontinued; monitor serum levels - Hypotension, Arrhythmias, AEDs, Cardiac arrest, Cardiogenic shock, CHF, Hepatotoxicity - Contraindicated in 2nd or 3rd degree block
Argatroban 	Direct Thrombin Inhibitor	50mg/250ml NS		Main: 0.5 – 1mg/kg/min	Hepatic induced thrombocytopenia (HIT)	- Side effects: Bleeding, CVA symptoms, CP, back pain, SOB - Lower doses required with hepatic impairment. - Check PTT Q6h until 2 therapeutic, then daily. Goal PTT 45-90
Cisatracurium Nimbex 	Neuromuscular Blocking agent	20mg/200ml NS, D5W	1mg/kg/min (initial muscle relaxation) * Establish a baseline T10 prior to initiating this medication.	After effectively blocked, decrease to 1-2mg/kg/min Monitor T10 twitches with a nerve stimulator Q4hr Dose range: 0.5 – 10mg/kg/min Average dose: 1mg/kg/min	Relax skeletal muscles during mechanical ventilation, metabolized by a process that mostly bypasses the kidney and liver.	- To be ONLY used on mechanically ventilated pt's - Has no analgesic properties. - Side effects: Bradycardia, hypotension.
Clevidipine Clevidipine 	Antihypertensive Ca Channel Blocker	2mg in 5ml 5mg in 100ml Isolyte	1 – 2 mg/hr	Main: 4 mg/hr May titrate Q2hrs until goal achieved Max: 12mg/hr	- Hypertension or elevated MAP - Arterial vasodilating agent.	- Side effects: HA, NY, tachycardia, A-Fib, renal failure, elevated triglycerides - Obtain baseline Trig. Level, monitor Q4hs Change bag & tubing Q12hrs
Dexmedetomidine Precedex 	Alpha-2 Adrenergic Agonist Sedative	200mcg/50ml NS	0.2 mcg/kg/hr Do Not Bolus	Main: 0.2 – 1.4 mcg/kg/hr Titrate infusion by increments 0.1mcg/kg/hr Q15mins	Sedation for mechanically ventilated and non intubated pt's	- Consider dose reduction for hepatic or renal impairment - Bradycardia and Hypotension
Diltiazem Cardizem 	Antihypertensive Calcium Channel Blocker	0.5mg/2.5ml in 100ml D5W or NS for 0.1 solution	Bolus: 0.15mg/kg over 1min	If no effect in 15min, bolus with 0.15mg/kg over 1min. Then, start an infusion of 0.5-10mg/hr for 24hr Max dose: 15mg/hr <4hrs	Temporary control of RVR in A-Fib, A-Flutter, PSVT, HTN, Angina.	- Short term use, "Valuable Maneuver 1" - May cause AVB, Hypotension, CHF, Bradycardia, Flushing - Contraindicated in Sick Sinus Syndrome or AVB, 2nd or 3rd degree SB, AAI
Dobutamine Dobutrex 	Inotropic Adrenergic Cardiac Stimulant	Pre-mixed: 500mg/250ml D5W  pre-filled	1mg/kg/min	Main: 2 – 20mg/kg/min Adjust rate at 2-5minute intervals	Cardiac decompression resulting from depressed contractility. Low output state	- Caution in MI - Correct hypovolemia before starting - May cause HTN, Arrhythmia

 = Cardiac
  = Hypotension
  = Hypertension
  = ICP
  = Paralytic
  = Sedative
  = Analgesic
  = Use Control Line
  = Use Micros Filter

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Critical Care Nurses Drug Guide

Raffaella Di Napoli



Critical Care Nurses Drug Guide:

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