

**University Hospital at Downstate – Department of Pharmacy**

**Dosing ranges provided as REFERENCE ONLY. Non-critical care areas: RN adjust rate per physician order**

*Areas allowed does NOT apply during immediate post-cardiac arrest period / emergent situations*

**STANDARD ADULT CONTINUOUS IV DRIP CHART**

MEDICATIONS	STANDARD DILUTIONS	DILUENTS	DOSING RANGES	TITRATION DIRECTIONS	COMMENTS	Areas Allowed
ALTEPLASE (tPA)	100 mg/100 mL	Sterile Water	PE non-arrest: 100 mg over 2 hours PE cardiac arrest: 50 mg IV push over 1-2 minutes, may repeat dose in 15 minutes if no ROSC Ischemic stroke: 0.09 mg/kg over 1 min then 0.81 mg/kg over 1 hr (total 0.9 mg/kg, max 90 mg)	Not Titrated	Peripheral line	CRITICAL CARE or STROKE UNIT
AMIODARONE (CORDARONE®)	360 mg/200 mL	D5W (premix)	Loading: 150mg IV bolus over 10min Maintenance: 1mg/min x 6hrs then 0.5mg/min x 18hrs (Max 2.2g/day)	Not Titrated	Central line preferred Peripheral line – use large vein and 0.2 micron in-line filter to avoid phlebitis, ensure proper catheter placement prior to use	CRITICAL CARE or STEPDOWN only
ARGATROBAN	250 mg/250 mL	D5W or NS	0.5– 2 mcg/kg/min (See Argatroban Protocol)	Titrate to target aPTT 50–80 secs; dose adjustments following aPTT every 4 hours	Peripheral line	ALL INPATIENT UNITS
CISATRACURIUM (NIMBEX®)	100 mg/100 mL	D5W or NS	Initial IV Bolus: 0.15–0.2 mg/kg (IBW) (Higher initial doses-up to 0.3 mg/kg-may be used for rapid onset) Initial Infusion Rate: 0.5-3 mcg/kg/min Maximum Infusion Rate: 5 mcg/kg/min	Titrate by 0.5–1 mcg/kg/min every 30–60 minutes to <b>Train of Four (1-2 out of 4 twitches)</b> . Maximum 5 mcg/kg/min Titrate by 0.5–1 mcg/kg/min every 30–60 minutes to <b>Train of Four (0 out of 4 twitches)</b> . Maximum 5 mcg/kg/min Titrate by 0.5–1 mcg/kg/min every 30–60 minutes to <b>BSAS (0 to 1)</b> . Maximum 5 mcg/kg/min	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE only
CLEVIDIPINE (CLEVIPREX®)	50 mg/100 mL	Lipid emulsion (premix)	Initial Infusion Rate: 1–2 mg/hr Usual Infusion Rate: 4-6 mg/hr Maximum Infusion Rate: 21 mg/hr for up to 24 hours (1000 mL/24h due to lipid load restriction) ***AVOID IN SOY OR EGG ALLERGY***	Titrate by 1 mg/hr every 90 seconds to goal SBP. If need to exceed maximum rate, a new order is required from the provider. Consider checking triglycerides q24h if remains on rates >12 mg/hr.	Peripheral line RESTRICTED TO CT-ICU ONLY	CRITICAL CARE only
DEXMEDETOMIDINE (PRECEDEX®)	200 mcg/50 mL 400 mcg/100 mL	NS	Initial Infusion Rate: 0.1–0.2 mcg/kg/hr Maximum Infusion Rate: 1.5 mcg/kg/hr	<b>ICU sedation:</b> titrate by 0.1–0.2 mcg/kg/hr q 15–30 mins to goal <b>RASS 0 to -2</b> <b>ICU sedation:</b> titrate by 0.1–0.2 mcg/kg/hr q 15–30 mins to goal <b>RASS -4 to -5</b> in conjunction with additional sedatives <b>Code ICE:</b> titrate by 0.1–0.2 mcg/kg/hr q 15–30 mins to goal <b>BSAS of 0 to ≤ 1</b>	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE only
DILTIAZEM (CARDIZEM®)	125 mg/125mL	D5W or NS	Initial Infusion Rate: 5 mg/hr Maximum Infusion Rate: 15 mg/hr	Titrate by 2.5 mg/hr every 15 minutes to goal HR.	Peripheral line	CRITICAL CARE or STEPDOWN only
<b>DOBUTamine</b> (DOBUTREX®)	<b>250 mg/250 mL</b> 500 mg/250 mL 1000 mg/250 mL	D5W (premix) or NS	Initial Infusion Rate: 1–5 mcg/kg/min Maximum Infusion Rate: 20 mcg/kg/min	Titrate by 1–2 mcg/kg/min every 15–60 minutes to <b>CI &gt;2.2 L/min</b> (A-line present). Maximum 20 mcg/kg/min.  Titrate by 1–2 mcg/kg/min every 15–60 minutes to <b>MAP &gt;65</b> (A-line present). Maximum 20 mcg/kg/min.	Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only

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DOPamine	400 mg/ 250 mL	D5W (premix) or NS	Initial Infusion Rate: 5-10 mcg/kg/min ( $\beta$ -1) Maximum Infusion Rate: 20 mcg/kg/min ( $\alpha$ )	Titrate by 2.5 mcg/kg/min every 5–15 mins to <b>HR</b> >60 beats/min. Maximum 20 mcg/kg/min.	Peripheral line: 400 mg/250 mL <u>Duration</u> Peripheral line: (24 hrs) Midline: (96 hrs) See PHARM-85	CRITICAL CARE or STEPDOWN only
	800 mg/ 250 mL			Titrate by 2.5 mcg/kg/min every 5–15 mins to <b>MAP</b> > 65 mm Hg (A-line present). Maximum 20 mcg/kg/min.  Titrate by 2.5 mcg/kg/min every 5–15 mins to <b>mean BP</b> $\geq$ 70 mm Hg (no A-line). Maximum 20 mcg/kg/min.		
EPINEPHrine	2 mg//250 mL	D5W or NS	Initial Rate for Shock: 3-5 mcg/min Initial Rate for Anaphylaxis: 1-3 mcg/min Maximum Infusion Rate: 10 mcg/min	Titrate by 1–3 mcg/min every 5–15 minutes to <b>MAP</b> >65 (A-line present). Max 10 mcg/min.	<b>Central line required</b>	CRITICAL CARE or STEPDOWN only
	4 mg/250 mL 8 mg/250 mL			Titrate by 1–3 mcg/min every 5–15 minutes to <b>mean BP</b> $\geq$ 70 (no A-line). Max 10 mcg/min.		
EPOPROSTENOL (VELETRI®)	0.25 mg/50 mL 0.5 mg/100 mL 3 mg/ 100 mL	NS or SW	PAH: IV (initiation) 2 ng/kg/min; lower initial dose may be used if intolerant of starting dose. Usual optimal dose (monotherapy): 25–40 ng/kg/min. Max dose with chronic therapy not defined.	Not titrated by RN. Provider must enter new order with each titration. PAH: IV (initiation) Titrate by 1–2 ng/kg/min at $\geq$ 15 min intervals until dose limiting side effects or response plateaus PAH: IV (chronic) Titrate by 1–2 ng/kg/min at $\geq$ 15 min intervals. May also increase at 24–48h intervals or longer. Avoid abrupt withdrawal or sudden large dose titrations.	Peripheral line	CRITICAL CARE or STEPDOWN only for initiation;  ALL PATIENT UNITS for continuation of (home) therapy
ESMOLOL (BREVIBLOC®)	2 g/100 mL	D5W or NS	Initial IV Bolus (optional): 0.5 mg/kg over 1 min Initial Infusion Rate: 25-50 mcg/kg/min Maximum Infusion Rate: 300 mcg/kg/min	Titrate by 25–50 mcg/kg/min every 5–10 minutes to goal HR of (**ENTER CUSTOM VALUE**).	Central line preferred <b>Vesicant – ensure proper needle / catheter placement</b> <b>AVOID</b> infusion into small veins or butterfly catheter  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only
ESOMEPRAZOLE (NEXIUM®)	80 mg/100 mL	NS	80 mg IV bolus then 8 mg/hr x 72 hr	Not Titrated.	Peripheral line	ALL INPATIENT UNITS
FENTANYL	1250 mcg/250 mL (premix)	NS	Initial Infusion Rate: 25-50 mcg/hr Maximum Infusion Rate: 150 mcg/hr	<b>ICU sedation:</b> Titrate by 5–25 mcg/hr every 30–60 minutes to <b>RASS 0 to -2</b> <b>ICU sedation:</b> Titrate by 5–25 mcg/hr every 30–60 minutes to <b>RASS -4 to -5</b>  <b>Code ICE:</b> Titrate by 5–25 mcg/hr every 30–60 minutes to <b>BSAS 0 to 1</b>	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only

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FUROSEMIDE (LASIX®)	100 mg/100 mL 250 mg/250 mL	D5W or NS	Initial IV Bolus: 40–100 mg over 1–2 min Initial Infusion Rate: 5-10 mg/hr Maximum Infusion Rate: 40 mg/hr	Not titrated by RN. If need to exceed maximum rate, a new order is required from the provider. Caution with rates >40 mg/hr due to risk of irreversible ototoxicity.	Peripheral line	CRITICAL CARE or STEPDOWN only
HEPARIN	25,000 Units/250 mL (premix)	D5W	Heparin weight-based nomogram (Titrate to target aPTT)	See anticoagulation nomogram	Peripheral line	ALL INPATIENT UNITS
INSULIN	100 Units/100 mL	NS	DKA: Bolus (optional) 0.1 unit/kg; Infusion: 0.05–0.1 unit/kg/hr	Titrate per DKA protocol or MICU	Peripheral line	CRITICAL CARE only
			Glucose control in critically-ill (non-DKA patients): see MICU protocol	Hyperglycemia Protocol (non-DKA patients)		
ISOPROTERENOL	1 mg in 250 mL	D5W or NS	Initial Infusion Rate: 1 mcg/min Maximum Infusion Rate: 10 mcg/min	Titrate by 0.5-1 mcg/min every 5 minutes to goal HR.	Peripheral line	CRITICAL CARE only
KETAMINE	500 mg/250 mL	D5W or NS	ICU sedation: 0.1 – 0.5 mg/kg initial bolus then 0.2 – 2 mg/kg/hr	Super Refractory Status Epilepticus: Not titrated by RN. Rate adjusted per MD order <u>ONLY</u> .	Peripheral line Status Epilepticus dosing per NEUROLOGY / EPILEPSY	CRITICAL CARE only
	1000 mg/500 mL 2000 mg/500 mL		Super Refractory Status Epilepticus: Bolus 1.5–4.5 mg/kg; Infusion: 0.9–10 mg/kg/hr			
LABETALOL	200 mg/100 mL 300 mg/100 mL	D5W or NS	Initial IV Bolus: 5-10 mg  Initial Infusion Rate: 0.5 mg/min Maximum Infusion Rate: 2 mg/min (Cumulative max IV dose = 300 mg)	Titrate by 0.5–1 mg/min every 5–15 minutes to HR (**ENTER CUSTOM VALUE**). Maximum 2 mg/min.	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only
				Titrate by 0.5–1 mg/min every 5–15 minutes to SBP (**ENTER CUSTOM VALUE**) (no A-line). Maximum 2 mg/min.		
				Titrate by 0.5–1 mg/min every 5–15 minutes to MAP >65 mm Hg (A-line present). Maximum 2 mg/min.		
LABETALOL	200 mg/100 mL 300 mg/100 mL	D5W or NS	Initial IV Bolus: 5-10 mg  Initial Infusion Rate: 0.5 mg/min Maximum Infusion Rate: 2 mg/min (Cumulative max IV dose = 300 mg)	Titrate by 0.5–1 mg/min every 5–15 minutes to mean BP ≥70 (no A-line). Maximum 2 mg/min.	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only
				Titrate by 0.5–1 mg/min every 5–15 minutes to mean BP ≥70 (no A-line). Maximum 2 mg/min.		
LIDOCAINE	2gm/500mL	Premix	Initial IV Bolus: 100 mg Initial Infusion Rate: 1 mg/min Maximum Infusion Rate: 4 mg/min (Do not exceed 4 mg/min)	Not titrated by RN. If need to increase rate, provider must enter new order. Titrate by 1 mg/min (up to 4 mg/min) every 10-20 minutes until cessation of arrhythmia.	Peripheral line	CRITICAL CARE or STEPDOWN only
LORazepam (ATIVAN®)	40 mg/40 mL 60 mg/60 mL	D5W preferred	Initial IV Bolus: 2-4 mg Initial Infusion Rate: 1 mg/hr Maximum Infusion Rate: 10 mg/hr	ICU sedation: Titrate by 0.5–1 mg/hr every 15–60 minutes to RASS 0 to -2.	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only
				ICU sedation: Titrate by 0.5–1 mg/hr every 15–60 minutes to RASS -4 to -5. Code ICE: Titrate by 0.5–1 mg/hr every 15–60 mins to BSAS 0 to 1		
MIDAZOLAM (VERSED®)	100 mg/100 mL (1mg/mL) (premix)	NS	Initial IV Bolus: 2-4 mg Initial Infusion Rate: 1 mg/hr Maximum Infusion Rate: 10 mg/hr	ICU sedation: Titrate by 1–2 mg/hr every 15–60 minutes to RASS 0 to -2. ICU sedation: Titrate by 1–2 mg/hr every 15–60 minutes to RASS -4 to -5	Peripheral line  Nurse instructions:	CRITICAL CARE or STEPDOWN only

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				<p><b>Code ICE:</b> Titrate by 1–2 mg/hr every 15–60 minutes to <b>BSAS</b> 0 to 1</p> <p>Caution with drug accumulation in renal or hepatic failure.</p>	<p>Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.</p>	
MILRINONE (PRIMACOR®)	20 mg/100 mL (premix)	D5W	<p>Initial Infusion Rate: 0.2-0.375 mcg/kg/min Maximum Infusion Rate: 0.75 mcg/kg/min (reduce dose in renal insufficiency)</p>	<p>Not titrated by RN. Dose/rate adjusted per MD order. Titrate by 0.125 mcg/kg/min every 30-60 minutes to goal parameters. Caution in renal insufficiency.</p>	<p>Peripheral line</p>	<p>CRITICAL CARE or STEPDOWN only</p>
nicARDIPINE (CARDENE®)	20 mg/200 mL 125 mg/250 mL	D5W or NS	<p>Initial Infusion Rate: 5 mg/hr Maximum Infusion Rate: 15 mg/hr</p>	<p>Titrate by 2.5 mg/hr every 5–15 minutes to goal <b>SBP</b> (ENTER CUSTOM VALUE). Max 15 mg/hr.</p> <p>Titrate by 2.5 mg/hr every 5–15 minutes to goal <b>mean BP</b> ≥70 (no A-line). Max 15 mg/hr.</p>	<p>Peripheral line: 20 mg/200 mL Central line (only): 125 mg/250 mL Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.</p>	<p>CRITICAL CARE or STEPDOWN only</p>
nitroGLYCERIN (TRIDIL®)	100 mg/250 mL (premix bottle)	D5W or NS	<p>Initial Infusion Rate: 10-20 mcg/min (consider higher initial rates up to 400 mcg/min in the first 30 minutes for severe flash pulmonary edema, maximum 12,000 mcg total dose) Maximum Maintenance Infusion Rate: 400 mcg/min</p>	<p>Titrate by 5–10 mcg/min every 5–15 minutes to goal SBP (**ENTER CUSTOM VALUE**) or resolution of symptoms.</p>	<p>Peripheral line</p> <p>Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.</p>	<p>CRITICAL CARE or STEPDOWN only</p>
nitroPRUSSIDE (NIPRIDE®)	50-100 mg/250 mL	D5W preferred	<p>Initial Infusion Rate: 0.25–0.5 mcg/kg/min Maximum Infusion Rate: 2 mcg/kg/min (may go up to 10 mcg/kg/min for maximum 10 minutes in refractory hypertension)</p>	<p>Titrate by 0.5 mcg/kg/min every 5–15 minutes to goal SBP. Risk of cyanide toxicity increases with rates ≥3 mcg/kg/min, liver dysfunction, and prolonged duration.</p>	<p>Peripheral line</p> <p>Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.</p>	<p>CRITICAL CARE or STEPDOWN only</p>
NORepinephrine (LEVOPHED®)	4 mg/250 mL	D5W or NS	<p>Initial Infusion Rate: 5-10 mcg/min Maximum Infusion Rate: 30 mcg/min</p>	<p>Titrate by 1–3 mcg/min every 5–15 minute to <b>MAP</b> &gt;65 mmHg (A-line present). If need to exceed maximum rate, a new order is required from the provider.</p> <p>Titrate by 1–3 mcg/min every 5–15 minutes to <b>mean BP</b> ≥70 mm Hg (no A-line). If need to exceed maximum rate, a new order is required from the provider.</p>	<p>Peripheral line: 4 mg/250 mL concentration <u>Duration</u> Peripheral line: (24 hrs) Midline: (96 hrs) See PHARM-85</p> <p>Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.</p>	<p>CRITICAL CARE or STEPDOWN only</p>

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	16 mg/250 mL					
	32 mg/250 mL	NS only				Central line required
OCTREOTIDE (SANDOSTATIN®)	500 mcg/100 mL	D5W or NS	Initial IV Bolus (optional): 50–100 mcg Initial Infusion Rate: 25 mcg/hr Maximum Infusion Rate: 50 mcg/hr	Not titrated by RN. If need to exceed maximum rate, a new order is required from the provider.	Peripheral line	ALL INPATIENT UNITS
PHENYLEphrine (NEO-SYNEPHRINE®)	40 mg / 250 mL	NS	Initial Infusion Rate: 10-20 mcg/min Maximum Infusion Rate: 200 mcg/min	Titrate by 10–20 mcg/min every 5–15 minute to <b>MAP</b> >65 mmHg (A-line present). Max 400 mcg/min.  Titrate by 10–20 mcg/min every 5–15 minute to <b>mean BP</b> ≥70 mmHg (no A-line). Max 400 mcg/min.	Peripheral line: 40 mg/250 mL concentration	CRITICAL CARE or STEPDOWN only
	80 mg / 250 mL 100 mg / 250 mL				Central line required Duration Peripheral line: (24 hrs) Midline: (96 hrs) See PHARM-85  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	
PROCAINAMIDE (PRONESTYL®)	1 gm / 250 mL	D5W or NS	Option #1 Bolus: 100 mg IV Bolus every 5 minutes until arrhythmia controlled, hypotension occurs, or QRS widens by 50% (maximum 1,000 mg total)  Option #2 Bolus: 10-17 mg/kg load administered as rapid infusion of 20-50 mg/min (maximum 1,000 mg total)	Consider Cardiology Consult and refer to drug information resources if need additional control and dosing guidance.	Peripheral line	CRITICAL CARE or STEPDOWN only
PROPOFOL (DIPRIVAN®)	1000 mg/100 mL	Lipid emulsion (premix)	Initial IV Bolus (optional): 10-40 mg Initial Infusion Rate: 5-10 mcg/kg/min Maximum Infusion Rate: 50 mcg/kg/min	<b>ICU sedation:</b> Titrate by 5–10 mcg/kg/min every 5–15 minutes to <b>RASS 0 to -2.</b> <b>ICU sedation:</b> Titrate by 5–10 mcg/kg/min every 5–15 minutes to <b>RASS -4 to -5.</b>  <b>Code ICE:</b> Titrate by 5–10 mcg/kg/min every 5–15 minutes to BSAS 0 to 1	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE or STEPDOWN only
SODIUM BICARBONATE	100 mEq/1000 mL	½ NS	50 mL/Hour = 7.5 mEq/Hour 75 mL/Hour = 11.25 mEq/Hour 100 mL/Hour = 15 mEq/Hour (Max for non-critical care areas)	Not titrated by RN. Dose adjusted per MD order based on ABG or VBG and electrolyte monitoring every 6–8 hrs.	Central line preferred Peripheral line permitted	CRITICAL CARE or STEPDOWN
	150 mEq/1000 mL	D5W	125 mL/Hour = 18.75 mEq/Hour 150 mL/Hour = 22.5 mEq/Hour			NON-CRITICAL CARE AREAS MAX RATE @ 100 mL/hr
TREPROSTINIL (REMODULIN®)	0.2 mg/50 mL 0.4 mg/100 mL 4 mg/ 100 mL	NS	PAH: IV (initiation) 1.25 ng/kg/min; if intolerant may initiate at 0.625 ng/kg/min. Max 40 ng/kg/min (limited experience with doses >40 ng/kg/min)	Not titrated by RN. Provider must enter new order with each titration. Titration based on clinical response (increments of 1.25 ng/kg/min per week for first 4 weeks of treatment, later 2.5 ng/kg/min per week). Avoid abrupt cessation.	Peripheral line	CRITICAL CARE or STEPDOWN only for initiation;  ALL PATIENT UNITS for continuation of (home)

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						therapy
VASOPRESSIN (PITRESSIN®)	60 Units/100 mL	D5W or NS	Vasodilatory shock: 0.03 Units/min	Not Titrated by RN.	<b>Central line required</b>	CRITICAL CARE only
VECURONIUM (NORCURON®)	<b>10 mg/100 mL</b> 20 mg/100 mL	D5W or NS	Initial IV Bolus: 0.08-0.1 mg/kg Initial Infusion Rate: 0.8 mcg/kg/min Maximum Infusion Rate: 1.7 mcg/kg/min	Titrate by 0.1–0.3 mcg/kg/min every 1–2 hours to <b>Train of Four (1-2 out of 4 twitches)</b> . Maximum 1.7 mcg/kg/min Titrate by 0.1–0.3 mcg/kg/min every 1–2 hours to <b>Train of Four (0 out of 4 twitches)</b> . Maximum 1.7 mcg/kg/min Titrate by 0.1–0.30.3 mcg/kg/min every 1–2 hours to <b>BSAS (0 to 1)</b> . Maximum 1.7 mcg/kg/min	Peripheral line  Nurse instructions: Titrate up or down per titration parameter, start with lowest dose increment and longest frequency increment to desired goal. If goal not met, may adjust titration order as indicated.	CRITICAL CARE only