**Drips - non-titrated**

**Standards of Care-**

For further information, refer to Micromedex, Up-to-date, or Pharmacy

 1. Continuous cardiac telemetry monitoring is required.

2. Vital signs must be obtained every 4 hours or more frequently if patient condition warrants.

3. A bolus of a drug which will be followed by a non-titrated continuous drip may be given on the Cardiology or Step-down unit and will require more frequent vital signs following the bolus.

4. **Rates/dosage of non-titrated drips may be increased or decreased ONLY per MD order and will require more frequent vital signs following rate/dose change.**

5. Antiarrhythmic, Vasoactive and Vasopressor frequent vital signs at initiation and/or when increased/decreased:

* 15 minutes x2 then,
* 30 minutes x1 then,
* 1 hour x1 then,
* Q 4 hours unless clinically indicated more frequently

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| **Antiarrhythmic Drugs** | | | |
| **Drug** | **Action** | **Dosage** | **Interventions** |
| Amiodarone– Cordarone | used to convert Afib to NSR | Must have provider’s order to increase and decrease dose. Typically given at a dose of 1mg/kg for 6 hours and then 0.5mg/kg for 18 hours, then discontinued | * Monitor v/s more frequently. * Notify provider if patient rhythm converts to NSR. * Filter required |
| Cardizem -Diltiazem | Used for atrial arrhythmias, hypertension, chronic stable angina. | Dose range: 5-15 mg/hr  Hard Max: 15 mg/hr | If patient converts to NSR or exhibits low blood pressure or bradyarrythmias, call MD for further clarification on continuing drip or changing dosage. |
| Primicor– Milrinone | Used as short term treatment of heart Failure | Starting rate: 0.1-0.5 mcg/kg/min Maximum rate: 0.75 mcg/kg/min Do not change rate without MD order. Renal adjustment needed. | Monitor BP & HR, follow fluid & electrolyte balance closely |

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| **Vasoactive Drugs** | | | |
| **Drug** | **Action** | **Dosage** | **Interventions** |
| Dopamine | used to treat shock, and correct hemodynamic imbalances; to improve perfusion to vital organs; to increase cardiac output, to correct hypotension | Dose range: 2.5-20 mcg/kg/min  Hard Max: 40 mcg/kg/min | Frequently monitor ECG, BP & UOP. Look for signs of adequate CO (Good Bowel Sounds, Cap refill etc) |
| Natrecor- nesiritide | used for Acutely decompensated heart failure patients with dyspnea at rest or minimal activity | Dose range: 0.005-0.03 mcg/kg/min  Hard Max: 0.03 mcg/kg/min | Monitor BP closely; contraindicated in pts with systolic bp <100 |
| Dobutrex– Dobutamine | Uses Increased cardiac output in short term treatment of cardiac decompensation caused by depressed contractility, such as in heart failure | Dose range: 2.5-20 mcg/kg/min  Hard Max: 40 mcg/kg/min |  |

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| **Vasopressor** | | | |
| **Drug** | **Action** | **Dosage** | **Interventions** |
| Nitroglycerin | Used for Hypertension, Chest pain, MI | Dose range: 5-400 mcg/min  Hard Max: 400 mcg/min | Monitor BP closely |

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| **Other** | | | |
| **Drug** | **Action** | **Dosage** | **Interventions** |
| Lasix-Diuril | Used for Diuresis in Heart Failure patients | Dose range: 10-160 mg/hour  Hard Max: 160 mg/hr | * Monitor BP & Strict I&O * KVO to equal 10ml/hr (another primary) |

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| **Anticoagulants** | | | |
| **Drug** | **Action** | **Dosage** | **Interventions** |
| Argatroban | Used Post MI | Soft Min: 0.01 mcg/kg/min  Hard Max: 10 mcg/kg/min | Monitor for S/sx of bleeding |
| Aggrastat-Tirobiban | used in acute coronary syndromes with heparin or aspirin | **Based on CrCl**  Maximum rate (CrCl>60 ml/min): 1350 mcg/hr Maximum rate (CrCl</=60 ml/min): 675 mcg/hr | * Monitor for s/sx of bleeding * Verify order upon arrival from Cath Lab * Be cautious of stop times (place piece of tape on pump stating STOP time) |
| Heparin | Used for therapy for DVT, MI, or PE | Adult- 20,000-40,000 units/day dosed by pharmacy according to ptt. | * Monitor for s/sx of bleeding * Requires two RN witnesses |
| Bivalirudin (Angiomax) | Used on post cath patients | Maximum rate: 2.5 mg/kg/hr  Do not change rate without MD order | Monitor for s/sx of bleeding |