

IV INOTROPIC MEDICATION ADMINISTRATION MONITORING GUIDELINES FOR LICENSED NURSES

| NAME OF DRUG | MECHANISM OF ACTION AND PRIMARY EFFECTS | PH | CONTINUOUS INFUSION MAINTENANCE DOSE RANGE | ADVERSE REACTIONS MAY INCLUDE BUT ARE NOT LIMITED TO: (NOTIFY PRESCRIBER FOR ALL SIDE EFFECTS) | ADMISSION ASSESSMENT | RECOMMENDED ONGOING MONITORING BY THE LICENSED NURSE: |
|------------------------------------|--|---------------------------|---|--|---|--|
| <p>Milrinone (Primacor)</p> | <p>Primary effects: Positive inotropic action with vasodilator activity. There is a direct relaxant effect on vascular smooth muscle therefore reducing preload and afterload. Slight enhancement of AV node conduction. Improves cardiac output without significant increases in heart rate or myocardial oxygen consumption.</p> <p>Mean half-life = 2.4 hours</p> | <p>3.2 To 4</p> | <p>0.375 – 0.75 mcg/kg/min Via pump</p> | <p>Supraventricular and ventricular arrhythmias including non-sustained ventricular tachycardia, Hypotension, thrombocytopenia, headache, hypokalemia, angina, bronchospasm, chest pain, rash, tremor, orthopnea, dyspnea, fatigue, abnormal LFT's.</p> <p>Educate resident to report any side effects.</p> <p>NOTE: Milrinone should never come in contact with furosemide(Lasix) as it will form an immediate precipitate.</p> | <p>Vital Signs: HR, RR, BP, heart and lung sounds; peripheral pulses / peripheral circulation; status of edema, respiratory status; CVAD assessment; documentation of resuscitation status.</p> <p>Verify baseline height, weight, lab work, hydration status, and pulse oximeter reading, as applicable.</p> | <p>At least every 4 hours & PRN or per Prescriber / LIP order: Vital signs: HR, BP, RR; peripheral pulses; lung sounds; status of edema. Weight (consistent and accurate weights are very important) and I & O recommended daily with reportable parameters. O2 sat frequency per Prescriber order.</p> <p>Assess for chest pain, difficulty breathing, fatigue, and mental status changes; CVAD assessment per policy. Review lab work and report abnormal / critical results to Prescriber / LIP.</p> <p>Notify Prescriber / LIP for all changes and side effects.</p> |
| <p>Dobutamine</p> | <p>A synthetic catecholamine with a chemical relation to dopamine; a direct-acting inotropic agent in which the activity is due to a stimulation of Beta-1 and Beta-2 receptor.</p> <p>Primary effects: Improves stroke volume with minimum increase in rate and BP, minimum disturbance in rhythms although some decrease in systemic vascular resistance may occur.</p> <p>Half-life = 2 minutes</p> | <p>2.5 To 5.5</p> | <p>2-20 mcg/kg/min Via pump</p> | <p>Premature ventricular contractions (PVCs), chest pain, tachycardia, hypertension, palpitations, headache, nausea, thrombocytopenia, angina pain, myocardial ischemia, hypokalemia, shortness of breath, hypersensitivity reactions (bronchospasm, fever, rash).</p> <p>Educate resident to report any side effects.</p> | <p>Vital Signs: HR, RR, BP, heart and lung sounds; peripheral pulses / peripheral circulation; status of edema, respiratory status; CVAD assessment; documentation of resuscitation status.</p> <p>Verify baseline height, weight, lab work, hydration status, and pulse oximeter reading, as applicable.</p> | <p>At least every 4 hours & PRN or per Prescriber / LIP order: Vital signs: HR, BP, RR; peripheral pulses; lung sounds; status of edema. Weight (consistent and accurate weights are very important) and I & O recommended daily with reportable parameters. O2 sat frequency per Prescriber order.</p> <p>Assess for chest pain, difficulty breathing, fatigue, and mental status changes; CVAD assessment per policy. Review lab work and report abnormal / critical results to Prescriber / LIP.</p> <p>Notify Prescriber / LIP for all changes and side effects.</p> |