

HNE AREA Intensive Care

Approved For: JHH and CMN ICU's

8 Arginine vasopressin

Trade Name:

Presentation: 20 units/ml ampoule

Indications: For the discretionary use only by Intensive Care Consultant for severe vasodilatory shock with increasing catecholamine vasopressor therapy of greater than 0.5mcg/kg/min of noradrenaline equivalent.

Administration: Recommend to deliver through central venous access.

Dilute 1 ampoule(20 units) of vasopressin to 50ml with 5% dextrose or 0.9% saline. This concentration is delivered at 6ml/hr

Dose 0.04 Units/min. (this dose is not titrated to response)

Precautions Electrolytes: when used for this indication at this dose for 24 hours reports have not shown significant electrolyte change. However careful attention to electrolytes should be maintained

Compatibilities: Not known

references:

Low-Dose vasopressin in treatment of vasodilatory septic shock: Malay et al J of trauma Injury 47;699-705

Katz et al Resuscitation 47(1):33-40, 200 sep

Rosenzweig et al : Circulation 100(19)supp 182-186

Pathogenesis of vasodilatory shock : Landry et al; NEJM 345(8)588-595

Created: 01-Apr-02 by Dr K Havill Reviewed: 01-Apr-04 by Dr K Havill Guideline to be reviewed before : 01-Jun-09

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines