Practice Alert

Push Dose Pressors

Audience: ICU RNs Level of education II: YELLOW **September 2021**

Push Dose Pressors (PDP) education communicated in July focused on **PDP indications**:

- Transient hypotension w/ procedural sedation or intubation
- Interim use until continuous vasopressor infusion is available at bedside
- Interim use until central line placed if peripheral continuous vasopressors unable to be started
- Additional bolus in patients on max dose of continuous vasopressor infusions

Clarity around PDP administration was identified as a recent gap following initial PDP communication.

- PDP Process for Written Order:
  - Provider enters order into Cerner for PDP
  - Pharmacy verifies order
  - RN obtains medication via Pyxis, scans medication, and administers prescribed dose
- PDP Process for Verbal Order:
  - Provider gives verbal order with drug/dose/route
  - RN obtains medication via Pyxis override (no co-sign needed) and administers verbally ordered dose
  - Once patient is stabilized, confirm with provider if RN is placing an ad hoc order or if MD needs to place order in Cerner
    - If ad hoc order→ RN places Ad Hoc order, pharmacy verifies and MD co-signs
    - If MD enters order→ pharmacy verifies and RN signs off medication administration on MAR

Administration:

- PDP may be given as a fast IV Push via IV or IO route. If given via endotracheal tube, a larger dose (2-2.5x more) must be given. Endotracheal tube should be the last choice for administration if no other access sites exist.
- PDP may be given via peripheral access if a central line is unavailable.
- If PDP extravasates during administration, aspirate the solution, remove the canula, elevate the extremity, apply a warm compress, and initiate phentolamine.
- Use clear and complete closed loop communication to clarify the dose ordered and given to prevent confusion between PDP dosing and ACLS dosing.

Safety Concerns:

- PDP should not be given in lieu of fluid replacement. Fluid resuscitation should be attempted in patients if appropriate.
- PDP should not be given during cardiac arrest. Follow ACLS algorithm for patients without a pulse.
- PDP syringe should not be used to compound vasopressor infusions at bedside.
- When discussing how much should be administered, use clear and complete instructions. Appropriate = 10 mCg (for PDP dose) vs 1 mg (for ACLS); Inappropriate = 1 mL or 1 syringe

Charting examples below: