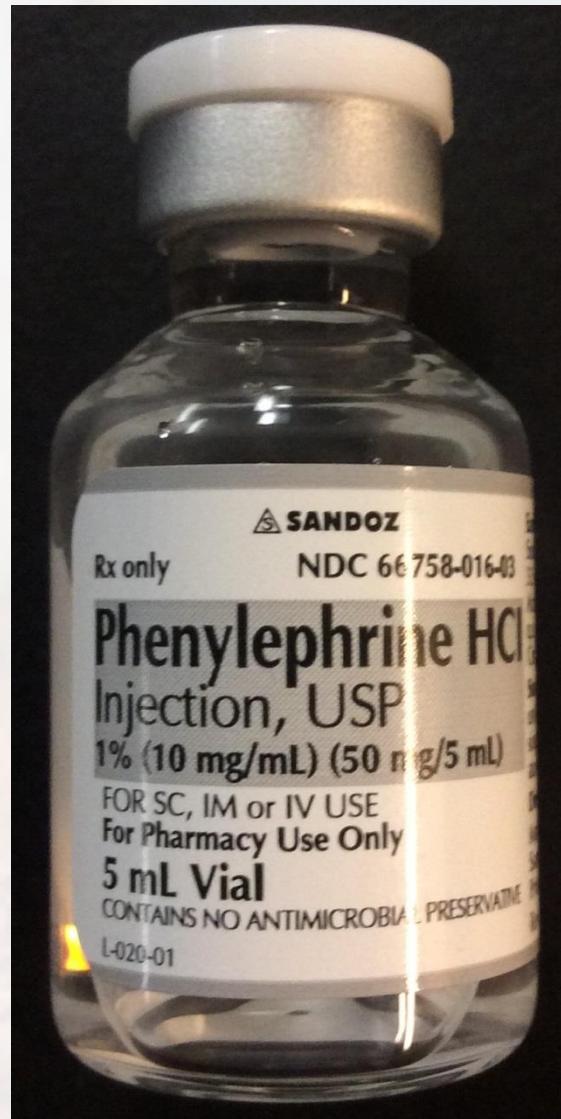


Phenylephrine (Neo-synephrine)

Jotham Keffeler RN, BSN, EMT-P, CFRN

Phenylephrine(Neo-synephrine)

TGH Supply=10 mg/ml, 50 mg vial



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TGH Supply=10 mg/ml, 50 mg vial

- Indications= Management of hypotension associated with shock.
 - First line neurogenic shock.
 - Second line or addition to Levophed in Septic shock
 - **OFF AEROMED PROTOCOL** as a “Push Dose Pressor” for critically hypotensive pt as a bridge to drip or a bridge past traditional RSI in hemodynamically unstable patients.

Phenylephrine(Neo-synephrine)

TGH Supply=10 mg/ml, 50 mg vial

- Action= Stimulates alpha-adrenergic receptors constricting blood vessels.
 - Strict alpha properties, does not elevate heart rate.
- Common doses= **TGH 0.4 - 5 mcg/kg/min.**

Phenylephrine(Neo-synephrine)

TGH Supply=10 mg/ml, 50 mg vial

- Implementation= **Mix 30 mg (3 ml's) in 250cc D5W/D10/NS/LR** titrate according to patient response via pump.
 - central line preferred.
- Assessment= Monitor BP q 2-3 mins until stable then q 5mins, monitor ECG, monitor IV site frequently (can cause tissue necrosis).

Pressor

PHENYLEPHRINE

(NeoSynephrine[®])

Concentration in NS
Standard 30mg/250 mL
Double 60 mg/250 mL

Uses: Treatment of Vasodilatory Shock & hypotension

Effects: ↑ BP, vasoconstriction, ↑ MAP, ↑ SVR,

Dosing: 0.4-5 mcg/kg/min If MAP goal not achieved at 5 mcg/kg/min, notify prescriber or pharmacist for recommendations
Max Dose: 9.1 mcg/kg/min

Notes: Does not impair cardiac function, adequate fluid resuscitation important, peripheral ischemia common with high doses

Updated May 2010

Dr. Cathy Carrubba's additional info:

- **Vasopressors are never used in the acute setting for trauma with the EXCEPTION of Isolated Neurogenic Shock and only after adequate fluid resuscitation has taken place.**
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- **Vasopressor use is limited in trauma to post resuscitation (days later in the ICU)- all bleeding must be stopped/ controlled and the tank must be re-filled.**

