Conway Medical Center
Conway, South Carolina

Physician's Orders
Milrinone (Primacor)
ICU, E.D., and Cardiac Cath Lab

Center Patient Admission
Label Here

Another brand of drug identical in form and content may be dispensed unless checked. ☐	Drug Allergies:	Pt. Weight: _____kg

Drug Information	Milrinone lactate is a positive inotropic drug with vasodilator activity. It reduces afterload and preload by direct relaxant effect on vascular smooth muscle. Produces slight enhancement of AV node conduction. Cardiac Output increases without significant increase in HR or myocardial oxygen demand. PAWP, PVR, diastolic BP, and MAP decrease. Mean half-life is 2.4 hours. With loading dose, peak effect occurs within 10 minutes and continuous administration is needed to maintain serum levels.
Indications	Short-term management of patients with acute decompensated heart failure.
Contraindications Precautions	Not shown to be safe or effective for use longer than 48 hours. Use caution in impaired renal function. May increase ventricular response in afib/flutter. If hypotension occurs, administration should be reduced or temporarily stopped until the patient's condition stabilizes.
Monitoring	☐Continuous EKG ☐NIBP q 5 minutes during initiation or dosing changes then q 1 hour while infusing
Concentration	Milrinone 200mcg/ml (may be diluted in 0.45% sodium chloride, 0.9% sodium chloride, or D5W)

Dose	☐Loading dose: Milrinone 50mcg/kg IV over 10 minutes (50mcg x _____ kg = _____)
	
	☐Maintenance dose: Milrinone at ☐0.375 mcg/kg/min continuous IV (minimum)
	
	☐0.50 mcg/kg/min continuous IV (standard)
	
	☐0.75 mcg/kg/min continuous IV (maximum)
	
	☐In renal impaired patients consider reducing the dose, select from below:
	
	   ☐ CC 5 – 0.2 mcg/kg/min, CC 10 – 0.23 mcg/kg/min, CC 20 – 0.28 mcg/kg/min,
	
	   ☐ CC 30 – 0.33 mcg/kg/min, CC 40 – 0.38 mcg/kg/min, CC 50 – 0.43 mcg/kg/min
	
	(CC = creatinine clearance)

_____   _____/_____/_____   _____

Physician's Signature   Date   Time

Nurse 1 _____ Nurse 2 _____