

**PHYSICIAN'S ORDERS**  
**For IV Norepinephrine (Levophed)**  
**ER/ICU/Cath Lab Only**

Center Patient Admission  
Label Here

**Administration and treatment of patients for short-term support of blood pressure, and cardiac stimulation in non-hypovolemic shock; management of hypotension; adjunctive therapy during cardiopulmonary arrest.**

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Drug Allergies

- **Administer via central line if possible, or large antecubital vein.**

Patient Weight \_\_\_\_\_

*Do Not admix with blood or plasma, sodium bicarbonate, iron salts, barbiturates, alkaline solutions, or antibiotics.*

Infusion mix 8mg Norepinephrine (Levophed) in 500ml of D5W (concentration 16 mcg/ml)

Maintenance Infusion Rate: 2-4 mcg/min. Maximum Infusion Rate: Rarely greater than 45 mcg/min

**Norepinephrine Bitartrate (Levophed)**

**(8mg in 500 ml D5W)**

Dose  
mcg/min

Rate  
ml/hr

Dose  
mcg/min

Rate  
ml/hr

Dose  
mcg/min

Rate  
ml/hr

0.3 1  
0.5 2  
0.8 3  
1.1 4  
1.3 5  
1.6 6  
1.9 7  
2.1 8  
2.4 9  
2.7 10  
2.9 11  
3.2 12  
3.5 13  
3.7 14  
4 15  
4.3 16  
4.5 17  
4.8 18  
5.1 19  
5.3 20

5.6 21  
5.9 22  
6.1 23  
6.4 24  
6.7 25  
6.9 26  
7.2 27  
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7.7 29  
8 30  
8.3 31  
8.5 32  
8.8 33  
9.1 34  
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10.1 38  
10.4 39  
10.7 40

10.9 41  
11.2 42  
11.5 43  
11.7 44  
12 45  
12.3 46  
12.5 47  
12.8 48  
13.1 49  
13.3 50  
13.6 51  
13.9 52  
14.1 53  
14.4 54  
14.7 55  
14.9 56  
15.2 57  
15.5 58  
15.7 59  
16 60

Obtain BP and heart rate q5 min x 4 after Norepinephrine started, then q15 x 4 until stable then q1hr.

- **Maximal Daily Dose 68 mg.**

*Patient Care Implications: May cause tachycardia, hypertension, angina, or PVC's. Tissue necrosis can result from extravasation. If occurs, refer to "Management of Extravasation Regitine" policy and procedure.*

MD Signature

Date

Time

Nurse # 1 verifying rate

Nurse # 2 verifying rate