

ED-383-FRM
REV 0 04.15.08

Conway Medical Center
Conway, South Carolina

Center Patient Admission
Label Here

PHYSICIAN'S ORDERS
For IV Phenylephrine (Neo-Synephrine)
ER/ICU/ and CCL Only

USE: Used in vascular failure in shock, shock-like states and drug induced hypotension, to increase blood pressure. Also will increase pulmonary artery pressure. Useful as alternative in patients who develop unacceptable tachycardia and tachydysrhythmias with dopamine or norepinephrine. Stimulates alpha-1 receptors. Compatible with Amiodorone, Haloperidol, levofloxacin.

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

Drug Allergies:

The following orders will be initiated

1. Initial weight at infusion _____ then daily weights
2. VS upon initiation of infusion, then Q5-10 minutes during titrations
3. VS after titration may be Q15 minutes while the drug is being infused.
4. Prepare solution of 10mg Phenylephrine in volume of NSS to equal 250ml bag. (concentration 40 microgram/ml) (also may be mixed in D5W)
5. Initial dose 100 – 120 microgram/min to obtain desired BP. When BP stabilized, a maintenance dose of 40-60 microgram/min is usually used. Use lowest effective dose.
6. **Vital Sign Parameters:**

Phenylephrine (Neo-Synephrine) Drip Rate Calculation Chart

Phenylephrine 10 mg in 250 ml (Concentration: 40 microgram/ml)

Dose	Infusion Rate
40 microgram/min	60 mL/hr
50 microgram/min	75 mL/hr
60 microgram/min	90 mL/hr
70 microgram/min	105 mL/hr
80 microgram/min	120 mL/hr
90 microgram/min	135 mL/hr
100 microgram/min	150 mL/hr
110 microgram/min	165 mL/hr
120 microgram/min	180 mL/hr

Blood volume depletion should be corrected before phenylephrine therapy is initiated. Extravasation or peripheral ischemia can cause sloughing and necrosis of tissue in the surrounding areas (Antidote: Regitine).

Use with caution in patients with sulfite sensitivity.

CONTRAINDICATED Cardiogenic shock, uncompensated CHF, bradycardia, pulmonary edema, and heart block. Reduce dose in presence of liver failure.

MD Signature

_____/_____/_____
Date

Time

Nurse # 1 verifying rate

Nurse # 2 verifying rate