ED-379-FRM REV 1 05.05.14

Conway Medical Center Conway, South Carolina

PHYSICIAN'S ORDERS For IV Nitroprusside (NIPRIDE) ER/ICU Only

Center Patient Admission Label Here

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With infusion of Nitroprusside, the hemodynamic responses (direct vasodilation) starts within minutes, and stops equally quickly. Uses include immediate relief of hypertensive crisis, used for patients with refractory heart failure and/or acute MI, and may be used for patients with severe mitral regurgitation.																	
Another brand of drug identical in form and content may be dispensed unless checked.										Drug Allergies:							
The fo	llowing	orders	will be i	nitiated				•									
1.	1. Initial weight at infusion start then daily weights																
2.	Assure large bore access IV line or central line. DO NOT MIX WITH OTHER MEDICATIONS – Line is to be dedicated to the Nitroprusside infusion only.																
3.	VS up	on initia	tion of i	nfusion,	then Q3	-5 minut	tes durin	g titratio	ons.								
4.	VS af	VS after titration may be Q15 minutes X 2 hrs, then Q30 min. X 2 hrs, then Q1 hr if stable															
5.	Infusi	Infusion Mix: 50mg Nitroprusside/500ml of D ₅ W = concentration 100mcg/ml (0.1mg/ml)															
6.	Infusion rate begins at 0.3 microgram/kg/min. May be titrated to 3 microgram/kg/min infusion rates for hemodynamic																
responses:																	
NITE	ROPRU	SSIDE (NIPRII	DE) DRI	P RATI	E CALC	ULATI	ON CH	IART – I	PATIEN	T WEI	GHT 45	-90 KG	(99-199	LBS)		
NITROPRUSSIDE (NIPRIDE) DRIP RATE CALCULATION CHART – PATIENT WEIGHT 45-90 KG (99-199 LBS) Regular Strength (Concentration 0.1 mg/ml (50 mg/500ml)																	
			NI:4						X KG. V								
	Nitroprusside calculation: Rate =								100 (concentration for 50mg/500ml)								
LBS	99	110	121	132	143	154	165	176	189	199	209	220	231	242	253		
KG ml/hr	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115		
10	0.37	0.33	0.31	0.28	0.26	0.24	0.23	0.21	0.19	0.19	0.180	0.170	0.160	0.150	0.145		
15	0.56	0.50	0.46	0.41	0.38	0.36	0.33	0.31	0.29	0.28	0.260	0.250	0.240	0.230	0.210		
20	0.74	0.67	0.61	0.56	0.51	0.48	0.44	0.42	0.39	0.36	0.350	0.330	0.320	0.310	0.290		
25	0.93	0.84	0.76	0.69	0.64	0.59	0.56	0.53	0.49	0.46	0.440	0.410	0.390	0.380	0.360		
30	1.11	1.00	0.91	0.83	0.74	0.71	0.67	0.63	0.59	0.56	0.530	0.500	0.480	0.460	0.435		
35	1.29	1.16	1.06	0.97	0.90	0.83	0.78	0.73	0.69	0.64	0.610	0.580	0.560	0.530	0.510		
40	1.48	1.33	1.21	1.11	1.02	0.95	0.89	0.83	0.79	0.74	0.700	0.670	0.640	0.610	0.580		
45	1.66	1.50	1.36	1.25	1.15	1.06	1.00	0.94	0.88	0.83	0.790	0.750	0.710	0.680	0.655		
50	1.85	1.67	1.50	1.39	1.28	1.19	1.11	1.04	0.98	0.93	0.880	0.830	0.790	0.760	0.725		
55 60	2.03	1.83 2.00	1.66 1.82	1.53 1.67	1.41 1.54	1.31	1.22	1.14	1.08	1.02	0.960 1.050	0.910 1.000	0.870 0.950	0.830 0.910	0.810 0.870		
70	2.59	2.33	2.13	1.96	1.79	1.43	1.56	1.46	1.18	1.11	1.030	1.170	1.110	1.060	1.010		
80	2.96	2.67	2.43	2.23	2.05	1.91	1.78	1.67	1.57	1.48	1.410	1.330	1.270	1.240	1.160		
90	3.33	3.00	2.73	2.50	2.30	2.14	2.00	1.88	1.76	1.67	1.580	1.500	1.430	1.360	1.300		
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CONTI	RAINDI	CATED) Sudder	n, severe	e drop o	f BP, M	etaboliz	ed to cy	yanide/th	niocyana	ite, whic	h may b	e toxic (or lethal	l;		
									sed risk								
									/	/							
MD Signature										Date				Time			
Nurse # 1 verifying rate Nurse # 2 verifying rate																	