

<b>ED-379-FRM</b> <b>REV 2 05.10.21</b>	<b>Conway Medical Center</b> <b>Conway, South Carolina</b>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 0 auto; width: 80%;"> Center Patient Admission Label Here </div>
<b>PHYSICIAN'S ORDERS</b> <b>For IV Nitroprusside (NIPRIDE)</b> <b>ER/ICU Only</b>		
<i>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.</i>		
Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>	Drug Allergies:	
<p><b>Initial weight at infusion start _____ then daily weights</b></p> <p style="text-align: center;"><b>Concentration: 50mg Nitroprusside/500ml of D5W = 100mcg/ml (0.1mg/ml)</b></p> <ol style="list-style-type: none"> <li>1. <b>Central line preferred or use of large bore PIV access. DO NOT MIX WITH OTHER MEDICATIONS</b> – Line is to be dedicated to the Nitroprusside infusion only.</li> <li>2. VS upon initiation of infusion and with all titrations.</li> <li>3. VS after titration may be Q15 minutes X 2 hrs, then Q30 min. X 2 hrs, then Q1 hr if stable</li> <li>4. Initiate at 0.3 microgram/kg/min.</li> <li>5. Titrate instructions: 0.1 microgram/kg/min Q 3min; Max dose 10 mcg/kg/min (At max dose, patient is at risk for cyanide toxicity. Do not infuse at max dose for greater than 10 minutes.)</li> <li>6. Goal: SBP _____ or MAP _____</li> </ol>		
<b>NITROPRUSSIDE decomposes on exposure to light and will change from a light brown to a dark brown. Shield from light. The solution is stable for 24 hours when protected from light. Discard solution if it turns dark brown or blue green</b> <b>CONTRAINDICATED Sudden, severe drop of BP, Metabolized to cyanide/thiocyanate, which may be toxic or lethal; METHEMOGLOBINEMIA. Renal Impairment patients have increased risk at dosages &gt;4microgram/kg/min.</b>		
_____ <b>MD Signature</b>	____/____/_____ <b>Date</b>	_____ <b>Time</b>
_____ <b>Nurse # 1 verifying rate</b>	_____ <b>Nurse # 2 verifying rate</b>	