

PHYSICIAN'S ORDERS
For IV Epinephrine (Adrenalin)
ER/ICU/Cath Lab Only

As a **VASOPRESSOR** or maintenance dose for IV Infusion. Protect from light, deteriorates rapidly. Do not use if brown or if sediment is present.

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

Drug Allergies

Concentration 5mg Epinephrine in 250ml of D5W or NS (more stable in D5W) (20mcg/ml)

Central line preferred or large bore IV.

☐ **Vasopressor (titratable):** initiate at 1mcg/min. Titration instructions: 0.5mcg/min Q 10min; Max dose 10mcg/min.

Goal: MAP > _____ or SBP > _____

☐ **Maintenance (non-titratable):** _____ mcg/min

Obtain BP and heart rate at initiation, with every titration, Q 5 min x 4 after epinephrine started, Q 15 x 4, then Q 1hr when stable.

*****Notify Physician if goal is not met at max dose*****

Patient Care Implications: Often transitory, anxiety, dizziness, dyspnea, glycosuria, pallor, palpitations. Extravasation or peripheral ischemia can cause sloughing and necrosis of tissue in the surrounding areas (Antidote: Regitine "phentolamine" or nitro paste). If occurs, refer to "Management of Extravasation Regitine" policy and procedure.

MD Signature

____/____/_____
Date

Time

Nurse # 1 verifying rate

Nurse # 2 verifying rate