

## VASOPRESSIN – Treatment of vasodilatory shock

(also known as argipressin or pitressin)

<b>PRESENTATION:</b>	Ampoules containing 20units/ml of vasopressin
<b>INDICATION:</b>	<p>Vasopressin is <b>only</b> indicated as <b>salvage therapy</b> in <b>refractory septic shock</b> with failure to achieve adequate MAP despite high doses of vasopressors and adequate fluid resuscitation.</p> <p>Vasodilatory shock, where high dose catecholamines are considered undesirable</p>
<b>DOSE AND ADMINISTRATION:</b>	<p><b>ICU STANDARD INFUSION - unlicensed</b></p> <p>20units vasopressin made up to 50ml 5% glucose</p> <p>Rate: 1.5mls/hr (0.01units/minute or 0.6units/hr) to 6.0mls/hr (0.04units/minute or 2.4units/hr), titrated according to response.</p>
<b>CONCENTRATION:</b>	0.4units/ml
<b>STABILITY:</b>	Physically and chemically stable for 12 hours at room temperature.
<b>ADDITIONAL INFORMATION:</b>	<p>Vasopressin has a low pH and may cause venous irritation and tissue damage in cases of extravasation. If a central venous access device is unavailable, administer via a large peripheral vein, monitoring insertion site closely using a recognised phlebitis scoring tool. Resite cannula at first signs of inflammation.</p> <p>Can be diluted in sodium chloride 0.9%, however this is less stable and unlicensed.</p>

### References:

- 1) Vasopressin, Injectable Medicines Guide, Last reviewed February 2020.  
<https://medusa.wales.nhs.uk/IVGuideDisplayNewFormat.asp>. Accessed January 2021
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- 3) Vasopressin, Micromedex. Accessed January 2021.
- 4) Russell JA, Walley KR, Singer J *et al*. Vasopressin versus norepinephrine infusion in patients with septic shock. *N Engl J Med* 2008;358:877-87.
- 5) Gordon AC, Mason AJ, Thirunavukkarasu N, *et al*. Effect of Early Vasopressin vs Norepinephrine on Kidney Failure in Patients With Septic Shock: The VANISH Randomized Clinical Trial. *JAMA*. 2016;316(5):509–518.
- 6) Email correspondence from the Medicines Information Department, RIE, 17/03/2021.

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