

Cardiac Medications – Critical Care SS

MEDICATIONS

Cardiac Medications: Anti-arrhythmics

- Amiodarone (Cordarone) 150 mg/100 mL D5W IVPB over 10 mins x 1 dose. See Lexi Comp for unit restrictions. [Evidence](#)
- Amiodarone (Cordarone) 450 mg/250 mL D5W continuous IV infusion. Start at 1 mg/min x 6 Hrs, then 0.5 mg/min. Use an in-line filter (0.22 - 1.2 micron). Hold if HR < 60. See Lexi Comp for unit restrictions. [Evidence](#)

**Digoxin Bolus

- Digoxin (Lanoxin) 0.5 mg IV Push over 5 mins x 1 dose STAT. [Evidence](#)
- Digoxin (Lanoxin) 0.25 mg IV Push Q 6 Hrs x 2 doses, start 6 Hrs after STAT dose of Digoxin is given (if ordered). Hold if HR < 60. [Evidence](#)

Digoxin Maintenance **Physician to select ONE regimen only

- Digoxin (Lanoxin) 0.125 mg Po daily at 13:00. Hold if HR < 60. [Evidence](#)
- Digoxin (Lanoxin) 0.125 mg IV Push daily at 13:00. Hold if HR < 60. [Evidence](#)
- Digoxin (Lanoxin) 0.25 mg Po daily at 13:00. Hold if HR < 60. [Evidence](#)
- Digoxin (Lanoxin) 0.25 mg IV Push daily at 13:00. Hold if HR < 60. [Evidence](#)

- Diltiazem (Cardizem) BOLUS – 0.25 mg/Kg = _____ mg IV Push over 2 mins x 1 dose then start a continuous IV infusion (if ordered). [Evidence](#)
- Diltiazem (Cardizem) 125 mg/125 mL NS continuous IV infusion, start at 5 mg/Hr and titrate by 5 mg/Hr Q 1 Hr up to a max of 15 mg/Hr to maintain HR < 100. Titrate down by 5 mg/Hr Q 15 mins. Hold if HR < 60. *For Critical Care use only. DC when transferred out of critical care unit*
- Esmolol (Brevibloc) 2.5 Gm/250 mL NS infusion: BOLUS – 500 mCg/Kg IV over 2 mins then start a continuous IV infusion at 50 mCg/Kg/min and titrate by 50 mCg/Kg/min Q 5 mins up to a max of 300 mCg/Kg/min to maintain HR < 100 or SBP < 160. Titrate down by 25 mCg/Kg/min Q 15 mins. Hold if HR < 60. *For Critical Care use only. DC when transferred out of critical care unit* [Evidence](#)
- Lidocaine BOLUS – 100 mg IV Push over 2 mins x 1 dose then start a continuous IV infusion (if ordered). See Lexi Comp for unit and/or titration restrictions.
- Lidocaine 2 Gm/500 mL D5W continuous IV infusion, start at _____ mg/min. Contact MD for further orders. See Lexi Comp for unit and/or titration restrictions.
- Metoprolol (Lopressor) 5 mg IV Push over 2 mins x 1 dose. See Lexi Comp for unit restrictions.
- Procainamide (Pronestyl) BOLUS – 1 Gm/250 mL NS IVPB over 30 mins x 1 dose then start a continuous IV infusion (if ordered). See Lexi Comp for unit and/or titration restrictions.
- Procainamide (Pronestyl) 1 Gm /250 mL NS continuous IV infusion, start at _____ mg/min. Contact MD for further orders. See Lexi Comp for unit and/or titration restrictions.

Cardiac Medications: Anti-hypertensives

- Enalaprilat (Vasotec) 1.25 mg IV Push Q 6 Hrs Prn SBP > 160.
- Fenoldopam (Corlopam) 10 mg/250 mL NS continuous IV infusion, start at 0.1 mCg/Kg/min and titrate by 0.05 – 0.2 mCg/Kg/min Q 15 mins up to a max of 1.6 mCg/Kg/min to maintain SBP < 160. Titrate down by 12% Q 15 mins. *For Critical Care use only. DC when transferred out of critical care unit*
- LaBETalol (Trandate) 200 mg/200 mL NS continuous IV infusion, start at 2 mg/min and titrate by 0.5 – 1 mg/min Q 10 mins up to a max of 6 mg/min to maintain SBP < 160. Titrate down by 0.5-1 mg/min Q 15 mins. Hold for HR < 50 and notify MD. *For Critical Care use only. DC when transferred out of critical care unit*
- NiCARDipine (Cardene) 25 mg/250 mL NS continuous IV infusion, start at 5 mg/Hr and titrate by 2.5 mg/Hr Q 15 mins up to a max of 15 mg/Hr to maintain SBP < 140. Titrate down by 2.5 mg/Hr Q 15 mins. Hold if HR < 60. *For Critical Care use only. DC when transferred out of

CARDIAC MEDICATIONS - CRITICAL CARE SS V12_10.31.12 OK FOR PRINTING

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critical care unit*

- Nitroglycerin (Tridil) 25 mg/250 mL D5W continuous IV infusion, start at 5 mCg/min and titrate by 5 mCg/min Q 3-5 mins up to max of 200 mCg/min to maintain SBP < 160. Titrate down by 5 -15 mCg/min Q 15 mins. Notify MD if dose is > 100 mCg/min *For Critical Care use only. DC when transferred out of critical care unit*
- NitroPRUsside (Nipride) 50 mg/250 mL D5W continuous IV infusion, start at 0.3 mCg/Kg/min and titrate by 0.5 mCg/Kg/min Q 3 – 5 mins up to a max of 10 mCg/Kg/min to maintain SBP < 140. Titrate down by 0.5 – 0.75 mCg/Kg/min Q 15 mins.*For Critical Care use only. DC when transferred out of critical care unit*

Cardiac Medications: Positive Chronotropes

- Isoproterenol (Isuprel) 1 mg/250mL NS continuous IV infusion, start at 2 mCg/min and titrate by 1 mCg/min Q 5 – 15 mins up to a max of 20 mCg/min to maintain a HR > 70. *For Critical Care use only. DC when transferred out of critical care unit*

Cardiac Medications: Positive Inotropes

- DOBUTamine (Dobutrex) 500 mg/250 mL D5W continuous IV infusion, start at 2 mCg/Kg/min and titrate by 1-2 mCg/Kg/min Q 10 mins up to a max of 20 mCg/Kg/min **to maintain Cardiac Index > _____**. Titrate down by 1-2 mCg/Kg/min Q 60 mins. See Lexi Comp for unit and/or titration restrictions.

REMINDER: The following order does not have a bolus dose specified. If a bolus dose is required, prescriber to specify the bolus dose in the order below.

- Milrinone (Primacor) 20 mg/100 mL D5W continuous IV infusion, BOLUS – 50 mCg/Kg = _____mg IV over 10 mins then start continuous IV infusion at 0.375 mCg/Kg/min and titrate to 0.5 mCg/Kg/min after 1 Hr and then to up to 0.75 mCg/Kg/min after 1 Hr up to a max of 0.75 mCg/Kg/min **to maintain Cardiac Index > _____ and SBP > _____**. Titrate down to 0.5 mCg/Kg/min, then to 0.375 mCg/Kg/min after 1 Hr.