

Drug	Average Starting Dose	Dosing Units in Alaris Pump	Comments
<i>Cardiovascular agents – Antihypertensives / Rate Control</i>			
Diltiazem	5	mg/hour	Do not use if pt. has received recent IV beta blocker (precipitates severe hypotension) Not for decompensated CHF
Esmolol W	50-100	mcg/kg/min	Do not use if pt. has received recent CCB (i.e., diltiazem) Not for decompensated CHF
Labetalol	2	mg/min	Do not use if pt. has received recent CCB (i.e., diltiazem) Max cum. Dose = 200 mg Not for decompensated CHF
Nicardipine	5	mg/hour	Do not use if pt. has received recent IV beta blocker Not for decompensated CHF
Nitroglycerin	5	mcg/min	Caution advised in RV infarct – NTG may cause precipitous hypotension. No PDE-I drugs (e.g. Viagra) w/in 48h
Nitroprusside W	2	mcg/kg/min	Renal failure = risk of cyanide accumulation/toxicity
<i>Cardiovascular Agents – Vasopressors / inotropes</i>			
Dobutamine W	2-10	mcg/kg/min	Do not use if SBP < 100 mmHg
Dopamine W	5	mcg/kg/min	Acid/base disturbance diminishes effect
Epinephrine	1-10	mcg/min	Acid/base disturbance diminishes effect Third line behind dopamine and norepinephrine
Milrinone W	0.375 – 0.75	mcg/kg/min	(Start w/ 50 mcg/kg load)
Norepinephrine	0.5-5	mcg/min	Acid/base disturbance diminishes effect
Phenylephrine	100-180	mcg/min	Acid/base disturbance diminishes effect
Vasopressin	0.03	units/min	Minimal effect on myocardial oxygen demand
<i>Sedative / Analgesic Agents</i>			
Fentanyl	25-75	mcg/hour	
Lorazepam	1	mg/hour	
Midazolam	1-5	mg/hour	
Propofol W	5	mcg/kg/min	Negative inotrope – use extreme care if bolusing. Risk of hypotension ↑ w/ structural heart Dz, volume depletion, rapid administration No analgesic properties

W – denotes weight based dosing