

Rapid Access Guideline for Use of Vasopressors on the Medical High Dependency Unit - Summary Clinical Guideline

Reference No: CG-REN/4182/23

Summary:

This guideline has been developed to allow for the treatment of septic shock induced hypotension using the vasopressors noradrenaline and metaraminol in medical HDU. For full detailed monographs for preparation and administration of vasopressors then please refer to the full guideline document

The goal of vasopressor therapy is to maximise organ perfusion in critically ill patients.

Noradrenaline:

- Noradrenaline is the first-choice vasopressor in septic shock
- Except in certain special circumstances it should be administered via central venous access using appropriate pump programme
- Please see below for suggested initiation rates

| SBP < 60 | SBP 60-75 | SBP 75-90 | SBP >90 |
|-------------|-----------|-----------|---------|
| 10-12 ml/hr | 8 ml/hr | 5 ml/hr | 2 ml/hr |

Metaraminol:

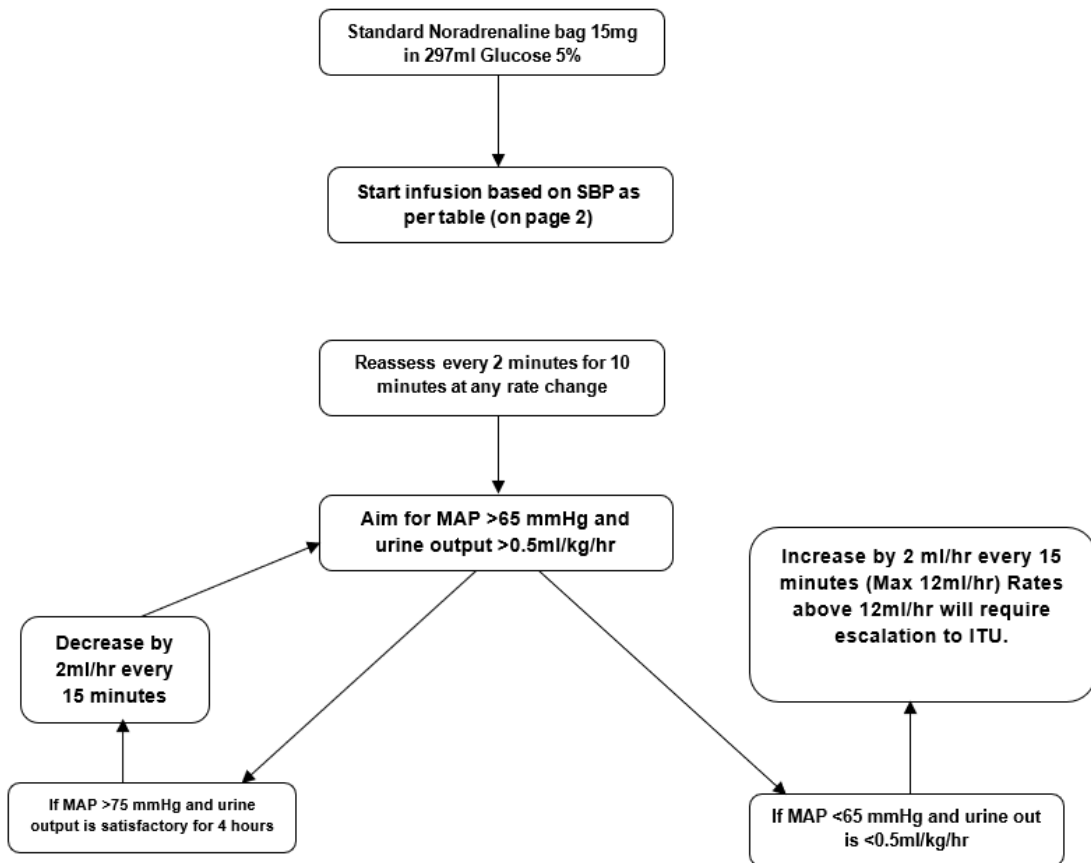
- Metaraminol can be administered peripherally for short term management of hypotension when a patient has no central venous access
- It can be continued beyond initial management if duration of inotropic support is likely to be short

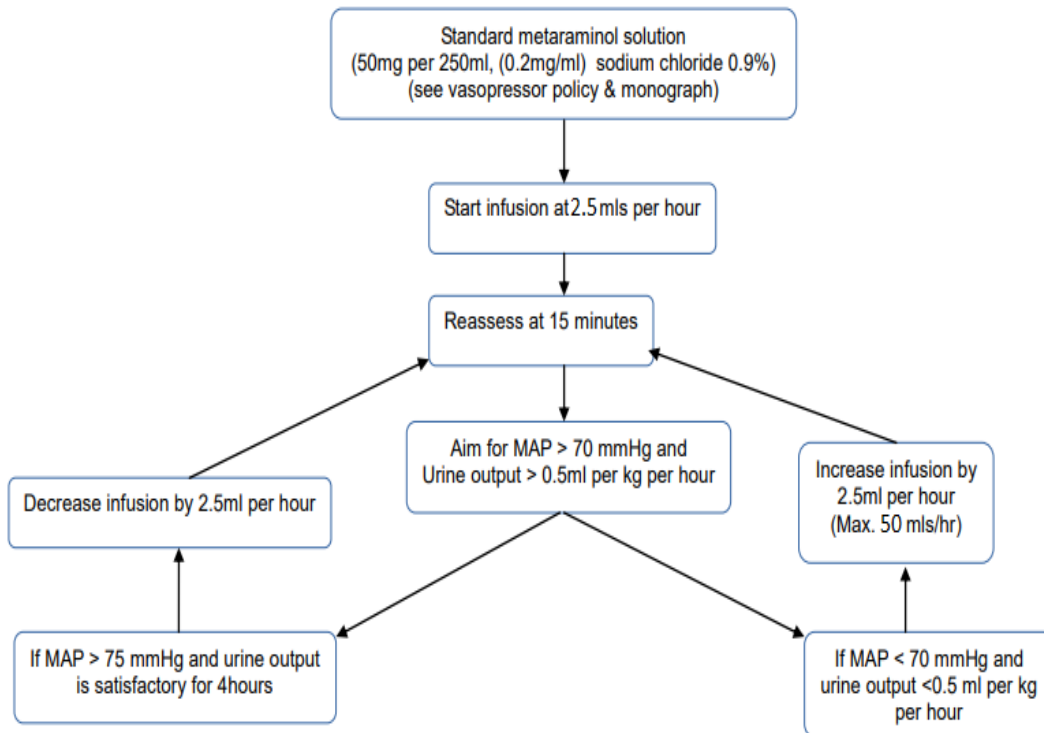
. The following situations should be considered an indication for switching to noradrenaline;

- If the need for vasopressors is going to exceed 24-48 hours
- If dose requirement is high and increasing, needing frequent bag changes and high volumes
- If a central line is inserted for other reasons, metaraminol should be switched to noradrenaline

See flow charts below for summary algorithms for Noradrenaline and Metaraminol – please consult full guideline for expected side effects and contraindications.

Noradrenaline Algorithm 15mg / 297ml Glucose 5%



Metaraminol Algorithm 50mg / 250ml sodium chloride 0.9%

Document Control

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|---|-----------------|-------------|---|---|
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| | 1 | May 2023 | Dr Crowley | New Guideline |
| | 1.1.0 | Feb 2024 | Sadaf Fatima | Amendment due to different concentration of Norad bags. Approved in Renal and by Medicines Safety Lead. |
| Intended Recipients: Clinical Staff on ward 407 MHDU | | | | |
| Training and Dissemination: Induction | | | | |
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| Consultation with: Ward 407 Nursing Staff, Renal Consultants | | | | |
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