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Critical Care Nursing Medications Flashcards

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This product includes 24 frequently used critical care medications in flashcard formats. Each drug with indication, loading dose, infusion dose, medication order, and nursing consideration.

Medications include:

- Amiodarone
- Cisatracurium
- Bretylium
- Diltiazem
- Dobutamine
- Enalaprilat
- Dopamine
- Ephedrine
- Epinephrine
- Hydralazine
- Esmolol
- Isoproterenol
- Labetalol
- Milrinone
- Lidocaine
- Morphine
- Nitroglycerin
- Norepinephrine
- Nitroprusside
- Phentolamine
- Phenylephrine
- Propofol
- Propafenone
- Vecuronium

1

Drug **Amiodarone**

Indications Life-threatening ventricular arrhythmias refractory to other agents.

Loading Dose 5 mg/kg IV over 1 h

Infusion Dose 1200 mg / 500 mL or 2400 mcg/mL

Med Order 5 mg/kg IV over 1 h then 1200 mg IV continuous infusion over 24 h. Order daily for 5 days, then reassess. *Infuse centrally, if possible.

Comment Class III antiarrthythmic. Extended load (7 days) is required. Beware of hypotension, bradycardia and AV heart block. Monitor QT interval. Switch to oral (400 mg q6h po), for the balance of the load, as soon as possible. Should have baseline thyroid function studies. If amiodarone is stopped, effects will last for an extended period of time.

2

Drug **Bretylium**

Indications Life-threatening ventricular arrhythmias.

Loading Dose 5 mg/kg IV over 1 minute

Infusion Dose 2000 mg / 500 mL or 4000 mcg/mL

Med Order For refractory ventricular fibrillation give 5 mg/kg over 1 minute. May repeat 10 mg/kg bolus at 5-30 minute intervals. Up to total dose of 30 mg/kg. Start infusion at 1 mg/min.

Comment *Should not be used in place of more rapidly acting agents since there is a delay in antiarrhythmic effect; should only be used if lidocaine/defibrillation have failed to convert ventricularfibrillation. Effects prolonged in renal failure.

3

Drug **Cisatricurium**

Indications As an adjunct to general anesthesia to facilitate endotracheal intubation and to relax skeletal muscles during surgery; to facilitate mechanical ventilation in the ICU patient.

Loading Dose 0.15-0.2 mg/kg IV

Infusion Dose 100 mg / 50 mL or 2000 mcg/mL

Med Order 0.1 mg/kg bolus; at initial signs of recovery begin at infusion rate of 0.03-0.6 mg/kg/min and adjust accordingly (rates of 0.5-10 mcg/kg/min).

Comment Non-depolarizing neuromuscular blocking agent. Elimination independent of renal or hepatic function. Does not relieve pain or produce sedation. **Ventilation must be supported during neuromuscular blockade and adequate sedation/analgesia must be ordered.** **Only to be initiated after discussion with ICU Senior or Consultant.

4

Drug **Diltiazem**

Indications PSVT; Atrial fibrillation or flutter. Temporary control of atrial fibrillation ventricular rate but rarely converts to normal sinus rhythm.

Loading Dose 0.15 mg/kg IV over 2 min (usually 20 mg)

Infusion Dose 125 mg / 100 mL or 1250 mcg/mL

Med Order Give 0.15 mg/kg IV over 2 min (may repeat with 0.35 mg/kg in 15 minutes). Start infusion at 5-10 mg/h. Increase in 5 mg/h increments up to 15 mg/h as needed.

Comment Antianginal agent. Antihypertensive. Calcium channel blocker. Infusions >24 h or infusion rates > 15 mg/h are not recommended due to the potential accumulation of metabolites and increased toxicity. Prolongs refractory period of AV node and intranodal conduction. Contraindicated in hypotension, sick sinus syndrome, 2nd degree and complete AV block. Increases serum digoxin concentration.

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