

INFUSION PRESCRIBING INFORMATION

Drug	Additional information (does not need prescribed on the kardex)	Dose/Amount	Diluent/volume (refers to the final volume of the infusion)	Rate/duration
Actrapid	Actrapid is brand of soluble insulin used for glycaemic control and sliding scales. Prescribe as Actrapid.	50 units	50ml glucose 5%	According to protocol
Adrenaline	Single strength	8mg	100ml glucose 5%	0-20mls/hr
	80micrograms/ml	20mg	250ml glucose 5%	0-20mls/hr
	All strengths via CVC*	40mg	500ml glucose 5%	0-20mls/hr
	Double strength	40mg	250ml glucose 5%	0-20mls/hr
	160micrograms/ml	80mg	500ml glucose 5%	0-20mls/hr
	Quadruple strength	80mg	250ml glucose 5%	0-20mls/hr
	320micrograms/ml	160mg	500ml glucose 5%	0-20mls/hr
Alfentanil	500micrograms/ml	15mg	30ml undiluted	1-4mls/hr
		25mg	50ml undiluted	1-4mls/hr
Aminophylline	load centrally with undiluted aminophylline (25mg/ml) or peripherally in 100ml glucose 5%, both over 20 minutes.	500mg	500ml glucose 5%	500micrograms/kg/hr (prescribe in mls/hr) initially, then adjusted according to level i.e. for 70kg patient 35mls/hr
Amiodarone	Loading dose (large vein)	300mg	250ml glucose 5%	Over 1 hour
	Maintenance infusion via CVC*	900mg	500ml glucose 5%	21mls/hr over 24 hours
Atracurium	10mg/ml	500mg	50ml undiluted	0-5mls/hr
Clonidine	15micrograms/ml	750 micrograms	50ml sodium chloride 0.9%	Up to 2 micrograms/kg/hr , prescribe in mls/hr. i.e.9.5mls/hr for 70kg patient
Dexmedetomidine		2000micrograms	250ml glucose 5%	Initially 0.7micrograms/kg/hr, Range 0.2-1.4micrograms/kg/hr See monograph.
Diazepam (Diazemuls)	Prescribe with Diazemuls in brackets to ensure Diazemuls preparation is used.	60mg	60ml glucose 5%	Rate dependent on indication. See monograph.
Dobutamine	5mg/ml. CVC*.	500mg	100ml glucose 5%	0-10mls/hr
Epoprostenol	3000nanograms/ml.	150,000nanograms	50ml sodium chloride 0.9%	As per CVVH protocol
Esomeprazole	Loading dose of 80mg in 100ml sodium chloride 0.9% over 30mins then continuous infusion	80mg	100ml sodium chloride 0.9%	10mls/hour for 72 hours
Fentanyl PCA		1000micrograms	50ml sodium chloride 0.9%	Usually 10microgram bolus with 5 minute lock out.
Furosemide	10mg/ml	250mg	25ml undiluted	Usually 5-20mg/hr (0.5-2mls/hr)
Glycerol trinitrate	1mg/ml	50mg	50ml undiluted	0-2.4mls/hr
Heparin	For treatment of DVT, PE.1000units/ml undiluted.	40,000units	40ml undiluted	depends on APTT
Heparin	For anticoagulation in CVVH. 250units/ml.	10,000units	40ml sodium chloride 0.9%	According to CVVH protocol
Hydralazine	1mg/ml	60mg	60ml sodium chloride 0.9%	Initially 12-18mls/hr. Maintenance 3-6mls/hr.
Insulin- see Actrapid which is the brand of insulin used for glycaemic control protocol and sliding scales.				
Isoprenaline	Using isoprenaline sulfate	2.25mg	500ml glucose 5%	15-60mls/hr
Ketamine (This is not the preparation used for pain)	For status epilepticus	2500mg	50ml undiluted	1-5mgkg/hr (1.4-7mls/hr if 70kg) but discuss range to prescribe with consultant.
	For bronchodilation in severe asthma	2500mg	50ml undiluted	Start at 0.5mg/kg/hr (0.7ml/hr if 70kg), maintenance 0.15-2.5mg/kg/hr
Labetalol	Centrally: 5mg/ml	200mg	40ml undiluted	0-24mls/hr
	Peripherally: 1mg/ml	500mg	500ml glucose 5%	0-120mls/hr
Mannitol 20% . Prescribe in as required therapy. Dose: 200ml, Rate/duration:over 15mins, Route: IV, Indication: raised ICP				
Metaraminol		50mg	100ml glucose 5%	0-6mls/hr
Midazolam	Single strength. 1mg/ml	60mg	60ml glucose 5%	0-6mls/hr
	Double strength. 2mg/ml. Use in status epilepticus.	120mg	60ml glucose 5%	0-5mls/hr .See monograph for doses in status epilepticus.
Morphine	2mg/ml	100mg	50ml undiluted	0-5mls/hr
Naloxone	Info from red IV manual. 200micrograms/ml	10mg	50ml glucose 5%	Depends on response to previous IV boluses. See red manual.
Nicardipine		50mg	250ml glucose 5%	See monograph for dose titration.
Nimodipine	200micrograms/ml	10mg	50ml undiluted	5ml/hr for first two hours, increasing to 10ml/hr after 2 hours if BP stable

Noradrenaline	Single strength	8mg	100ml glucose 5%	0-20mls/hr
	80micrograms/ml	20mg	250ml glucose 5%	0-20mls/hr
	All strengths via CVC*	40mg	500ml glucose 5%	0-20mls/hr
	Double strength	40mg	250ml glucose 5%	0-20mls/hr
	160micrograms/ml	80mg	500ml glucose 5%	0-20mls/hr
	Quadruple strength	80mg	250ml glucose 5%	0-20mls/hr
	320micrograms/ml	160mg	500ml glucose 5%	0-20mls/hr
Phenylephrine	20micrograms/ml	10mg	500ml sodium chloride 0.9%	10-50mls/hr
Phenytoin	Load dose is 20mg/kg.If patient haemodynamically unstable the loading dose may be divided into two doses.	Up to 1000mg	100ml sodium chloride 0.9%	Up to 50mg/minute, but usually given over 60minutes to prevent hypotension.
		1001mg to 2500mg	250ml sodium chloride 0.9%	
Propofol		1gram	100ml undiluted	Up to 4mg/kg/hr. Prescribe in mls/hr. i.e. 28mls/hr if 70kg .
Salbutamol		10mg	500ml glucose 5%	9-60mls/hr
Sodium bicarbonate 1.26% (500ml) and 8.4% (200ml) available. 1.26% may be given peripherally. 8.4% MUST be given centrally and only used in severe acidosis, fluid restriction or emergency such as cardiac arrest. Prescribe on 24 hour chart. Rate appropriate to correct acidosis, usually start at 50mls/hr of 1.26% solution.				
Sodium chloride 5% Prescribe in as required therapy. Dose: 125ml, Rate/duration: over 15mins, Route: IV, Indication: raised ICP				
Sodium valproate	Any dose can be diluted in 100ml glucose 5%. Note interacts with meropenem.	the required dose	100ml glucose 5%	Intermittent: max 20mg/min (prescribe in mls/hr) i.e. max 1200mg over 60minutes
				Continuous:4.1mls/hr
Vancomycin	Loading dose	750mg	250ml glucose 5%	over 1.5 hrs
		1000mg	250ml glucose 5%	over 2 hrs
		1500mg	500ml glucose 5%	over 3 hrs
		2000mg	500ml glucose 5%	over 4 hours
Vancomycin	continuous infusion	125mg	50ml glucose 5%	4.1mls/hr
		250mg	50ml glucose 5%	4.1mls/hr
		375mg	100ml glucose 5%	8.3mls/hr
		500mg	100ml glucose 5%	8.3mls/hr
		625mg	250ml glucose 5%	20.8mls/hr
		750mg	250ml glucose 5%	20.8mls/hr
		875mg	250ml glucose 5%	20.8mls/hr
		1000mg	250ml glucose 5%	20.8mls/hr
		1250mg	250ml glucose 5%	20.8mls/hr
		1500mg	500ml glucose 5%	41.6mls/hr
		1750mg	500ml glucose 5%	41.6mls/hr
Vasopressin	For vasodilatory shock.	20units	50ml glucose 5%	0-6mls/hr
	For organ donation.	20units	50ml glucose 5%	0-10mls/hr
Thiopental Sodium	Loading dose 40ml/hr for 1 hour, then 24ml/hr for 2 hours, then titrate to effect.	1500mg	60ml water for injections	0-20mls/hr maintenance.

*CVC = central venous catheter

Electrolytes are prescribed on the 24 hour chart.

Calcium	4.5mmol or 4.46mmol (depending on preparation available) calcium gluconate in 100ml glucose 5% over at least 30minutes peripherally or centrally.
Magnesium	20mmol in 250ml glucose 5% peripherally or 100ml glucose 5% centrally. Both over 4 hours.
Phosphate	Addiphos 20ml added to 40ml glucose 5% over 6 hours centrally. Rate 10mls/hr. Phosphate polyfusor 500ml over 12 hours peripherally or centrally. Rate 41.6mls/hr. Potassium acid phosphate 1mmol/ml 40ml added to 20ml glucose 5% over 6 hours centrally. Rate 10mls/hr. Sodium glycerophosphate 40ml added to 20ml glucose 5% over 6 hours centrally. Rate 10mls/hr.
Potassium	Peripherally: 20mmol in 500ml glucose 5% or 40mmol in 500ml glucose 5% through a large vein. If ECG monitoring max 20mmol/hr, no ECG max 10mmol/hr.
	Centrally: 20mmol or 40mmol in 100ml glucose 5%. If ECG monitoring max 20mmol/hr, no ECG max 10mmol/hr.

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