Sedation/Analgesia Infusions

Drug	Dose Range	Additional information
Fentanyl IV	25-400-mcg/hr	Opiate of choice in renal impairment
Propofol IV	0-300mg/hr Max 4mg/kg/hr (IBW)	Short acting. No analgesic properties. Hypotensive effect.
Midazolam IV	0-10mg/hr	Accumulates in renal impairment and in obesity – may take days to clear
Morphine IV	1-10mg/hr	Avoid use in renal impairment
Thiopentone IV	3-8mg/-kg/hr (ABW)	Used for raised ICP. Risk of accumulation. Can cause disruption of potassium homeostasis. Aim K+ to be lower end of normal range

Sedation/Analgesia Infusions (cont)

Ketamine IV (analgesia)	**Loading dose:** 0.2mg/kg (ABW) STAT **Initial maintenance:** 0.3mg/kg/hr (ABW) and titrate (up to 0.6mg/kg/hr)	May lower seizure threshold. Very hallucinogenic and can induce catatonia. NOT indicated for 'normal' acute pain.

Patients should ideally have EEG or BIS monitoring to assess level of sedation. Ketamine: Different vial strengths and administration rates used for bronchospasm & asthma vs analgesia.

Paralysis

Drug	Dose Range	Additional information
Atracurium		Used for cardiovascularly stable patients at low risk of bronchospasm. Histamine release. Short duration of action
Cisatracurium		Lacks histamine-releasing effects therefore used in cardiovascularly unstable patients at risk of bronchospasm. More potent & slightly longer duration of action than atracurium
Rocuronium		Most rapid onset of non-depolarising agents

check local guidelines for dose ranges and availability of monitoring such as train of four and BIS. Be aware of renal function and dose adjustments.

Cardiovascular Drugs

Drug	Dose Range	Additional information
Adenosine	3mg bolus	Rapid intravenous injection. If no response after 1-2 min, give 6mg. If no response after 1-2 min, give 12mg
Amiodarone	Loading dose of 300mg over 1 hour (prescribe as a STAT dose). Then start infusion of 900mg over 23 hrs	
Digoxin	IV/PO/-Enteral loading dose of 0.5-1mg in 1-2 divided doses 4-8 hours apart, dependent on response	Maintenance dose 62.5-250 mcg/day depending on plasma levels and clinical response. Therapeutic plasma level 0.8 – 2microgram/L
GTN IV	0.5-10 mg/hr	rw every 24hr due to ceiling effect
Labetolol IV	15-120 mg/hr	

By **Claire Badawi** (CB1)
cheatography.com/cb1/

Published 27th March, 2020.
Last updated 27th March, 2020.

Inotropes/Vasopressors

Drug	Dose Range	Additional information
Noradrenaline	0.01 – 1 mcg/kg/min (IBW)	>0.25mcg/kg/min – seek senior review
Adrenaline	0.01 – 1 mcg/kg/min (IBW)	>0.25mcg/kg/min – seek senior review
Dobutamine	2.5 – 20 mcg/kg/min (IBW)	
Terlipressin	0.05-0.2 mg/hour	

Monitor for excessive peripheral vasoconstriction and raised lactate.

Respiratory

Drug	Dose Range	Additional information
Aminophylline IV	5mg/kg loading dose then 0.3-1 mg/kg/hr (IBW)	Patients taking oral theophylline / aminophylline should not receive a loading dose. Start continuous infusion at 0.5mg/kg/hr and adjust according to plasma theophylline concentration
Salbutamol IV	0.18 – 1.2 mg/hr	

Respiratory (cont)

Epoprostenol nebulised	5 – 20 nanograms/kg/min (ABW)	For pulmonary hypertension or hepato-pulmonary syndrome
Ketamine IV (Bronchospasm & asthma)	0.5 – 2.5 mg/kg/hr (ABW)	Dose should be maintained at the minimum amount providing adequate response; increased adverse cardiovascular effects with increased dose

Ketamine: Different vial strengths and administration rates used for analgesia

VTE Prophylaxis

Renal function	Drug	Patient Weight (ABW)	Dose
eGFR> 30ml/min	Enoxaparin S/C	<50kg	20mg OD
		50-100kg	40mg OD
		101-150kg	80mg OD (or 40mg BD)
		>150kg	120mg OD (or 60mg BD)
eGFR < 30ml/min or RRT	Heparin S/C	<100kg	5000 units BD
		>100kg	5000units TDS

Prokinetics

Drug	Dose Range	Additional information
Metoclopramide IV	10mg TDS (max 3-5 days)	Avoid long-term use, due to risk of neurological side effects
Erythromycin IV	250mg 6hourly	Risk of prolonged QTc syndrome – daily ECGs

Review daily

Stress Ulcer Prophylaxis

Pantoprazole 40mg IV OD or Omeprazole 40mg IV.
If patient is absorbing enteral feed for >24 hours or E+D, stop PPI or consider switch to PO PPI.

By **Claire Badawi** (CB1)
cheatography.com/cb1/

Published 27th March, 2020.
Last updated 27th March, 2020.