

Phenylephrine

CAUTION: High Administration Risk Rating	
Form	<ul style="list-style-type: none"> 10mg per 1ml ampoule (10 mg/mL)* 500 microgram per 10mL Pre Filled Syringe (50 microgram/mL) 2g in 20 mL vial (100 microgram/mL) (Theatres only)
Reconstitution	Already in solution *Further dilute ampoules before administration
Compatibility & Stability	Glucose 5% Sodium chloride 0.9%
Administration	IV Injection If available use the Pre Filled Syringe (500 microgram/10mL). If not available dilute 10mg (1ml of a 10mg/ml solution) to 100ml compatible infusion fluid to give a 100 microgram/mL solution. Usual IV bolus = 0.1mg-0.5mg. Administer prescribed dose over 3-5 minutes. Injections should be repeated no more than every 15 minutes
	Continuous IV Infusion If a central venous access device is not available, use a large peripheral vein. Use a 100 microgram/mL solution. Dilute 10mg (1ml of a 10mg/ml solution) to 100ml compatible infusion fluid to give a 100 microgram/mL solution. Initial maximum rate 180 microgram/minute, adjusted to 30-60 microgram /minute according to response, via rate controlled infusion pump or syringe pump.
Extravasation	May cause tissue necrosis. Risk with extravasation resulting in tissue damage/necrosis if given peripherally as phenylephrine is a potent vasoconstrictor and has a low pH. If a central venous access device is not available, use a large peripheral vein. Monitor the insertion site closely (as may cause venous irritation) using a recognised phlebitis scoring tool. Re-site cannula at first signs of inflammation. If extravasation occurs, use warm compress + Phentolamine or consider application of 2.5cm Nitroglycerin 0.2% paste to area of extravasation
Notes	<ul style="list-style-type: none"> Pre Filled Syringe stock in ED/Theatres/CathLab IAEM-Clinical-Guideline-Peripheral-Vasopressors-V1.0.pdf Extravasation injury from cytotoxic and other noncytotoxic vesicants in adults - UpToDate

Information provided relates to Phenylephrine (Aquetant, Beacon Pharmaceuticals)