

IREDELL HEALTH SYSTEM

Medications Requiring Cardiac and Special Monitoring	
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Critical Care Committee P&T Committee	Date: 09/2023 Date: 12/2023

Standard: Patients requiring specialized levels of care and selected IV medications will be monitored appropriately.

Outcome: Patients will receive selected IV medications with no adverse effects.

Personnel: RN, Cardiac Cath Technologist under direct supervision of the Physician

Policy: The attached chart specifies nursing units on which the medications listed may be administered, with applicable monitoring as defined below and as detailed in the chart.

Chart Key: “Y” = indicates the medication may be given on a particular unit with applicable monitoring as specified.
“N” = indicates the medication may not be given on a particular unit except in Rapid Response/Code Blue situations or as otherwise described in Exceptions section

Definitions:

Cardiac monitoring is defined continuous patient monitoring in the **OR, PACU, CCU, Cardiac Cath Lab (CCL), or in the ED** along with assessment of the patient’s hemodynamic stability (i.e. BP, HR, SO₂, rhythm, etc). *Telemetry monitoring* is defined as the continuous monitoring of a patient’s heart rate and rhythm from a remote location, as is currently done on **1 North, 2 North and 3 North** nursing units.

Exceptions:

A. Hemodialysis:

If a patient is transferred from Telemetry to Dialysis, telemetry medications may be given in Dialysis. If medications requiring cardiac monitoring are administered

in Dialysis, the patient will be subsequently transferred to the appropriate setting for continuous cardiac monitoring.

B. Rapid Response/Code Blue Situations:

Some of the medications requiring cardiac monitoring are found on the general nursing units in the crash carts. In a Rapid Response/Code Blue situation with a physician and / or ACLS RN present, those drugs may be initiated on the nursing unit if the patient is on a portable cardiac monitor and transfer to CCU is imminent. An RN or the physician must be present during transfer.

C. Severe Allergic Reaction (Anaphylaxis):

IV Epinephrine is appropriate in this emergency situation, but if it is given, the patient would need to be put on a portable cardiac monitor.

D. Radiology:

During special procedures, some of these IV medications are given with the physician present and the patient on a portable cardiac monitor.

E. Endoscopy:

During or post-Endoscopy procedure, the IV medications on this list may be given with a physician and/or ACLS nurse present and the patient on a cardiac monitor.

F. The Birth Place:

IV Labetalol, Hydralazine may be given on The Birth Place. Patient's blood pressure will be monitored every 5 minutes times 15 minutes at a minimum or until stable after administration.

G. Clinical or Operational Necessity:

In the event a patient may need to receive a medication listed outside of what is outlined in this policy due to a clinical or operations necessity, the following individuals must provide documented approval prior to the event occurring; VPMA, Director of Pharmacy, Nursing Supervisor and Director of Nursing Unit to house the patient.

Medication: Generic (Trade)	Route	Key	CCU, OR, PACU, CCL, ED	2 North with Tele	1 North & 3 North with Tele	Med/Surg (4NTH & 5NTH; 1NTH & 3NTH without Tele)	BirthPlace	SNF	ICS	OPS
Acetylcysteine (Acetadote)	IV	Order set	Y	N	N	N	N	N	N	N
Adenosine (Adenocard)	IV Push	Monitoring	Y	Y- MD present, with respiratory standby	N	N	Y – MD present, with respiratory standby	N	N	N
Alteplase tissue - Plasminogen activator (Activase)	As a thrombolytic agent	PE, CVA	Y	N	N	N	N	N	N	N
Alteplase tissue - Plasminogen activator (Cathflo Activase)	IV push to declot a catheter		Y	Y	Y	Y	Y	Y	Y	Y
Amiodarone (Cordarone)	IV Push IV Infusion		Y	Y	N	N	N	N	N	N
Aminocaproic Acid (Amicar)	IV Infusion		Y	N	N	N	N	N	N	N
Argatroban (Argatroban)	IV Infusion		Y	Y	Y	Y	Y	N	N	N
Atropine	IV		Y	Y	N	Y (only on 1NTH for side effects of chemo)	N	N	Y (only for side effects of chemo)	N
Bivalirudin (Angiomax)	IV		Y	Y	N	N	N	N	N	N
Bumetanide (Bumex)	IV Infusion		Y	Y	Y	Y	Y	Y	Y	Y
Bupivacaine (Marcaine) - Epidural	Epidural	Managemen t Only	Y	Y	Y	Y	Y	Y	Y	N
Calcium gluconate	IV Infusion	If >2gm Monitoring	Y	Y	Y (up to 2 gm)	Y (up to 2 gm)	Y (up to 2 gm)	Y (up to 2 gm)	Y (up to 2 gm)	Y (up to 2 gm)
Cytotoxic agents (Chemotherapy)	IV Push IV Infusion	Certified RN & 1N Designated Staff Only	Y (CCU only)	N	Y (1NTH only)	Y (1NTH only)	N	N	Y	N

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Dexmedetomidine (Precedex)	IV Infusion		Y	N	N	N	N	N	N	N
Diazepam (Valium) - Not for Sedation	IV Push		Y	Y	Y	Y	Y	Y	Y	Y
Diazepam (Valium) – Sedation/Analgesia by Non-Anesthesia Personnel	IV Push		Y	N	N	N	N	N	N	N
Digoxin (Lanoxin)	IV Push		Y	Y	Y	N	N	N	N	N
Digoxin Immune FAB (Digibind)	IV		Y	Y	N	N	N	N	N	N
Diltiazem (Cardizem)	IV Push IV Infusion		Y	Y	N	N	N	N	N	N
Dobutamine (Dobutrex)	IV Infusion		Y	Y	N	N	N	N	N	N
Dofetilide (Tikosyn) - For initiation and/or titration for atrial fib/flutter ONLY	Oral		Y	Y	N	N	N	N	N/A	N/A
Dofetilide (Tikosyn) - For continuation of home medication	Oral		Y	Y	Y	Y	N	Y	N/A	N/A
Dopamine	IV		Y	Y if not being titrated	N	N	N	N	N	N
Droperidol	IV/IM	If max dose, monitoring	ED/ANES only (up to 10 mg)	N	N	N	N	N	N	N
Enalaprilat (Vasotec)	IV Push		Y	Y	Y	Y	Y	Y	Y	Y
Epinephrine (Adrenalin) - Vasopressor	IV Infusion		Y	N	N	N	N	N	N	N
Eptifibatide (Integrilin)	IV Infusion	Order set	Y	Y	N	N	N	N	N	N
Esmolol (Brevibloc)	IV Infusion		Y	N	N	N	N	N	N	N

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Fenoldopam (Corlopam)	IV Infusion		Y	N	N	N	N	N	N	N
Fentanyl (Sublimaze) - Epidural	Epidural	Managemen t Only	Y	Y	Y	Y	Y	N	<u>N</u>	N
Fentanyl (Sublimaze) - For pain management	IV Push IV Infusion		Y	PCA only	PCA only	PCA only	Y (IV Push only w/Anesthesia staff)	N	N	N
Fentanyl (Sublimaze) – For End of Life Care	PCA		Y	N	1N only	1N only	N	N	N	N
Fentanyl (Sublimaze) - Sedation/Analgesia by Non-Anesthesia Personnel	IV Push		Y	N	N	N	N	N	N	N
Furosemide (Lasix)	IV Push IV Infusion		Y	Y	Y	Y	Y	Y	Y	Y
Haloperidol (Haldol)	IV Push	See footnote for dose restrictions	Y	Y	Y	Y	Y	Y	Y	Y
Haloperidol (Haldol)	IV Infusion		Y	N	N	N	N	N	N	N
Heparin	IV Infusion	Policy/Order set	Y	Y	Y	Y	Y	N	N	N
Hydralazine (Apresoline)	IV Push		Y	Y	Y	Y	Y	Y	Y	Y
Hydromorphone (Dilaudid)	Epidural	Managemen t Only	Y	Y	Y	Y	Y	Y	Y	N
Hydromorphone (Dilaudid) – For Pain Management	IV Push/IV Infusion PCA		Y	Y	Y	Y	Y	IV Push only	IV Push only	IV Push only
Hydromorphone (Dilaudid) – Sedation/Anesthesia by Non- Anesthesia Personnel	IV Push <u>IV Infusion</u>		Y	N	N	N	N	N	N	N
Ibutilide (Corvert)	IV Piggyback	Order set	Y	Y	N	N	N	N	N	N
Insulin (Regular)	IV Infusion for DKA		Y	N	N	N	Y	N	N	N
Insulin (Regular)	IVPB for Hyperkalemi a	Order set	Y	Y	Y	N	N	N	N	N
Isoproterenol (Isuprel)	IV Infusion		Y	N	N	N	N	N	N	N

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		t Only								
Morphine - For Pain Management	IV Push IV Infusion PCA		Y	Y	Y	Y	Y	IV Push only	IV Push only	IV push only
Morphine – Sedation/Analgesia by Non-Anesthesia Personnel	IV Push		Y	N	N	N	N	N	N	N
Morphine (Roxanol) - Oral Concentrate 20 mg/ml	Oral		Y	Y	Y	Y	N	Y	Y	Y
Neostigmine	IV		Y	N	N	N	N	N	N	N
Nesiritide (Natreacor)	IV Push IV Infusion	Order set	Y	Y	N	N	N	N	N	N
Neuromuscular blocking agents	IV Push IV Infusion	Order set, Vent	Y	N	N	N	N	N	N	N
Nicardipine (Cardene)	IV Infusion		Y	N	N	N	N	N	N	N
Nitroglycerin	IV Infusion		Y	N	N	N	N	N	N	N
Nitroprusside (Nipride)	IV Infusion		Y	N	N	N	N	N	N	N
Norepinephrine (Levophed) - Vasopressor	IV Infusion		Y	N	N	N	N	N	N	N
Octreotide (Sandostatin)	IV Infusion		Y	Y	Y	Y	Y	Y	Y	N
Phenylephrine (Neo- Synephrine) - Vasopressor	IV Infusion		Y	N	N	N	Y (IV Push by Anes)	N	N	N
Phenytoin (Dilantin)	IV Push IV Infusion		Y	Y	Y	N	N	N	N	N
Phosphate sodium or potassium	IV Infusion	To be infused over at least 4 hours	Y	Y	Y (≤ 10 mEq K+/hr)	Y (≤ 10 mEq K+/hr)	Y (≤ 10 mEq K+/hr)	Y (≤ 10 mEq K+/hr)	Y (≤ 10 mEq K+/hr)	Y (≤ 10 mEq K+/hr)
Potassium Chloride 10 mEq/hr	IVPB		Y	Y	Y	Y	Y	Y	Y	Y
Potassium Chloride 20 mEq/hr	IVPB	Monitored, Central line	Y	Y	Y	N	N	N	N	N

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Procainamide (Pronestyl)	IV Infusion		Y	N	N	N	N	N	N	N
Propranolol	IV Push		Y	Y	Y	N	N	N	N	N
Propofol (Diprivan)	IV Push IV Infusion	Order set	Y	N	N	N	N	N	N	N
Protamine sulfate	IV Push		Y	Y	Y	Y	N	Y	Y	N
Quinidine Gluconate	IV		Y	N	N	N	N	N	N	N
Sodium Chloride 3%	IV Infusion	Policy	Y	Y (if non- symptomatic)	Y (if non- symptomatic)	Y (if non- symptomatic)	Y (if non- symptomatic)	N	Y (if non- symptomatic)	N
Tenecteplase (TNKase)	As a Thrombolytic Agent	Order set	Y	N	N	N	N	N	N	N
Tirofiban (Aggrastat)	IV Infusion	Order set	Y	Y	N	N	N	N	N	N
Valproate (Depacon)	IV Push IV Infusion		Y	Y	Y	Y	Y	Y	Y	Y
Vasopressin (Pitressin)	IV Push IV Infusion		Y	N	N	N	N	N	N	N
Verapamil (Calan, Isoptin)	IV Push		Y	N	N	N	Y – with Respiratory standby	N	N	N

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^aPatients receiving Haldol must be on cardiac monitoring if: **a)** bolus or one time IV doses exceed 5 mg, **b)** maintenance IV doses exceed 1 – 2 mg every 2 – 4 hours as needed, or **c)** cumulative doses exceed 35 mg in a 24-hour period.

INITIAL EFFECTIVE DATE:

DATES REVISIONS EFFECTIVE: 12/2018, 02/2019, 04/2019, 08/2019, 12/2019, 04/2020, 04/2021, 10/2022, 01/2023, 05/2023, 02/2024

DATES REVIEWED (no changes):