IREDELL HEALTH SYSTEM

Intravenous Administration of Promethazine (Phenergan)	
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P&T Committee	Date: 04/2024

Purpose: Intravenous promethazine will be administered safely and effectively.

Background: Promethazine is a vesicant drug with a pH of 4 – 5.5. Improper administration can cause skin sloughing, severe nerve damage, ischemia, tissue necrosis, phlebitis, and most commonly, localized burning and irritation. Other side effects include: dizziness, blurred vision, nervousness, convulsive seizures, tachycardia, bradycardia, hypotension, nausea and vomiting, urticaria, and asthma.

Policy:

Intravenous Promethazine is **restricted** to Obstetric patients with hyperemesis **ONLY**, where other treatments have failed.

1. The licensed personnel should consider the necessity of IV promethazine vs. administration via the oral, intramuscular (IM), or rectal route, along with the general state of the patient's vascularity and site availability. If oral, IM, or rectal route appear to be viable options, consider discussing the necessity of IV administration with the provider.
2. To avoid unnecessary complications, the preferred route of IV administration is through a central line. If this is not possible, the patient must have an IV site that is in date, with no signs of redness, irritation, or edema, and through which no other vesicant medications have been administered.
    a. If the peripheral site is the only means of IV administration, it should be initiated in the largest vein to decrease erosion of the internal lumen of the vessel. Since the hand and wrist have very little subcutaneous tissue which helps decrease the severity of an extravasation, IV sites in the hand and wrist may not be used for IV promethazine administration. Since areas of flexion are prone to mechanical phlebitis from catheter movement, areas of joint flexion should be avoided. If it is the only site available, the arm should be stabilized on an arm board prior to infusion.
    b. POSITIVE BLOOD RETURN IS MANDATORY! If there is no positive blood return, investigate alternate sites for peripheral IV insertion. If no alternate sites available, consult provider prior to administering promethazine.
3. Prochlorperazine injection will be substituted for promethazine injection for all patients, with the exception of Obstetric patients.

    The substitution will be:

Non-Formulary	Formulary Equivalent
Promethazine IV 12.5 mg	Prochlorperazine (Compazine) IV 5 mg
Promethazine IV 25 mg	Prochlorperazine (Compazine) IV 10 mg

4. Ordered doses may not exceed 12.5 mg. Orders for larger doses will be automatically changed to 12.5 mg. IV promethazine will be mixed in NS minibags and infused over a minimum of 10 minutes. It may not be given by IV push.

Procedure:

1. Venous patency must be verified with a positive blood return before infusion of medication.
2. A peripheral site must be monitored closely during administration. If any signs of irritation develop, or if the patient complains or shows signs of pain, administration should be stopped immediately, and new access should be obtained. Aspirate the drug remaining in the catheter before removing. Apply ice to the site to compartmentalize the drug and contact the provider.
3. Patients shall be educated by nursing staff about the possible adverse effects of promethazine before administration. Patients should be instructed to notify the nurse immediately if they experience burning or pain.

INITIAL EFFECTIVE DATE: 04/2017
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