

NICARDIPINE INFUSION - ICU

- PURPOSE:** To outline the management of the patient receiving a nicardipine infusion
- SUPPORTIVE DATA:** Nicardipine is a calcium channel blocker used as a continuous infusion to manage systolic blood pressure in patients with acute intracerebral bleed, post-operative hypertension, and malignant hypertension. Either a central venous catheter or a peripheral intravenous (IV) catheter in a large vein is recommended for nicardipine administration.
- ASSESSMENT:**
1. Assess electrocardiogram (ECG rhythm) and vital signs:
 - Immediately prior to initiation of infusion
 - 5-10 minutes post initiation and every rate change and then
 - Every 10 minutes until stable and then
 - Every hour
 2. Determine concentration and verify dosage upon initiation, within one hour of assuming care of the patient or earlier as clinically appropriate, and with bag changes. In addition, verify accurate dosage with every rate change.
- ADMINISTRATION:**
3. Ensure order includes dose, titration, and holding parameters.
 4. Administer as ordered; usual dosage:
 - Adult:
 - Initial dose 5 mg/hour
 - Titrate by 2.5 mg every 5 minutes for ordered parameters
 - Maximum: 15 mg/hour
 - Pediatric: (Each titration requires a provider order)
 - Initial infusion 0.5-1 mcg/kg/min
 - Titrate by q15-30 mins
 - Usual doses: 1-3mcg/kg/minutes
 - Usual maximum: 5 mcg/kg/min
 5. Administer via infusion pump with Guardrails.
 6. Avoid infusing via a small peripheral vein.
 7. Change intravenous (IV) catheter every 12 hours and as clinically indicated (e.g. infiltration) if a peripheral IV is used. May switch between two peripheral IV catheters every 12 hours.
- REPORTABLE CONDITIONS:**
6. Notify provider for:
 - Headache
 - Hypotension
 - Electrocardiogram changes, dysrhythmias
 - Inability to achieve ordered blood pressure parameters
- PATIENT/ FAMILY TEACHING:**
7. Instruct on the following:
 - Purpose of nicardipine
 - To report chest pain, headache, dizziness
 - Need for frequent monitoring
 - To avoid sudden orthostatic changes
- ADDITIONAL STANDARDS:**
8. Refer to the following as indicated:
 - Intravenous Therapy
 - Arterial Line – ICU
- DOCUMENTATION:**
9. Document in accordance with documentation standards.

Initial date approved: 7/20	Reviewed and approved by: Professional Practice Committee Pharmacy & Therapeutic Committee Nurse Executive Committee Attending Staff Association Executive Committee	Revision Date:
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