



Thus, with careful monitoring and safety precautions, peripheral administration of phenylephrine at an optimized concentration appears to have an acceptable safety profile for use in the neurocritical care unit up to a mean infusion time of 14hours” Delgado et al (2016).

Abstract:

Integral to the management of the neurocritically injured patient are the prevention and treatment of hypotension, maintenance of cerebral perfusion pressure, and occasionally blood pressure augmentation. When adequate volume resuscitation fails to meet perfusion needs, vasopressors are often used to restore end-organ perfusion.

ReTweet if useful... Safety of peripheral intravenous administration of phenylephrine  
<http://ctt.ec/yjl8e+> @ivteam #ivteam

Click To Tweet

This has historically necessitated central venous access given well-documented incidence of extravasation injuries associated with peripheral administration of vasopressors. In this pilot study, we report our 6-month experience with peripheral administration of low-concentration phenylephrine (40 µg/mL) in our neurocritical care unit. We were able to administer peripheral phenylephrine, up to a dose of 2 µg/(kg min), for an average of 14.29hours

(1-54.3) in 20 patients with only 1 possible minor complication and no major complications. This was achieved by adding additional safety measures in our computerized physician order entry system and additional nurse-driven safety protocols. Thus, with careful monitoring and safety precautions, peripheral administration of phenylephrine at an optimized concentration appears to have an acceptable safety profile for use in the neurocritical care unit up to a mean infusion time of 14hours.

Reference:

Delgado, T., Wolfe, B., Davis, G. and Ansari, S. (2016) Safety of peripheral administration of phenylephrine in a neurologic intensive care unit: A pilot study. *Journal of Critical Care*. 34, p.107-10.

doi: 10.1016/j.jcrc.2016.04.004.

**Thank you to our partners for supporting IVTEAM**

