Critical Care Titration Chart		
Drug & Concentration	**Dosage**	**Remarks**
Amiodarone (Cordarone) 360 mg/200 mL D5W	Bolus: 150 mg/100 ml D5W over 10 minutes 1 mg/min x 6 hours 0.5 mg/min x 18 hours Cardiac arrest: 300mg IVP, if VF/VT recurs, then 150 mg IVP then infusion	Measure the QT interval every 8 hrs; prefer to give via central line; use in-line filter; Monitor for pulmonary tox, hypotension, and bradycardia. **Max daily dose: 2.1 grams**
Cisatricurium (Nimbex) 200 mg/200 mL NS	Bolus: 0.2 mcg/kg Normal starting rate: 1 mcg/kg/min titrate by 0.5 mcg/kg/min every 15 minutes to patient condition with Train of Four 2 of 4 **Max rate: 10 mcg/kg/min**	Must be sedated the ENTIRE TIME paralyzed; Rarely: Bradycardia, hypotension, flushing, Bronchospasm. Do baseline Train of Four.
Clevidipine (Cleviprex) 25 mg/50 mL	Continuous infusion: 1 mg/hr then double the dose every 90 seconds until approaching goal, then increase by 1 mg/hr every 5 min. **Max rate 21 mg/hr**	Monitor for hypotension and reflex tachycardia. Change Tubing every 12 hours.
DexMEDetomidine (Precedex) 200 mcg/50 mL NS	Bolus: 1 mcg/kg over 10 min Normal starting rate: 0.2 mcg/kg/hr Increase by 0.1 mcg/kg/hr every 30 minutes until desired response of RASS -1 to 0 **Max rate: 0.7 mcg/kg/hr**	**Only administer bolus if no other sedative is being used Monitor for hypotension and bradycardia
Diltiazem (Cardizem) 125mg/125mL (1mg/1mL) NS	Bolus 0.25 mg/kg TOTAL body weight over 2 minutes. **MAX 25 mg bolus** Start infusion at 10 mg/hr and increase by 5 mg/hr to meet heart rate goal or decrease by 5 mg/hr for hypotension **Max rate: 15 mg/hr**	Monitor for new arrhythmias, hypotension, syncope, CHF Hold for SBP < 90
DOBUTamine 500 mg/250 mL D5W	Normal starting rate: 2.5 mcg/kg/min. Increase by 2.5 mcg/kg/min every 15 minutes until desired response is achieved: CI≥2, MAP > 60, or SBP>90. **Max Dose: 20/mcg/min**	Preferable central line May cause tachycardia or V-tach in high doses
DOPamine 400 mg/250 mL D5W	Normal starting rate: 5 mcg/kg/min. Increase by 2.5 mcg/kg/min every 15 minutes until desired response is achieved **Max dose: 20 mcg/kg/min**	Preferable central line May cause tachycardia
EPINEPHrine 4 mg/250 mL NS	Normal starting rate: 0.05 mcg/kg/min. Increase by 0.05 mcg/kg/min every 10 minutes until MAP > 65 or SBP > 90	**Contact physician if goal unachieved at 0.5 mcg/kg/min.** May cause tachycardia. Give via central line
Esmolol (Brevibloc) 2,500 mg/250 mL (10 mg/mL) NS	Normal starting rate: 50 mcg/kg/min. Increase by 25 mcg/kg/min every 5 minutes until HR goal is achieved. Hold if SBP < 90. **Max rate 200 mcg/kg/min**	May cause vasospasms
FentaNYL (Sedation) 1,000 mcg/100 mL (10 mcg/mL) NS	Normal starting dose: 0.5 mcg/kg/hr. Increase by 0.5 mcg/kg/hr every 15 minutes until goal achieved (RASS -1 to 0)	**Contact physician if goal unachieved at 3 mcg/kg/hr**
Labetalol (Trandate) 200 mg/200 mL D5W	Normal starting rate: 1 mg/min. Titrate by 1 mg/min every 15 minutes to specified goal **Max dose 8mg/min**	Discontinue after pt received cumulative dose of 300 mg; May cause hypotension and bradycardia

M-345-CC Titration (12.20)

Critical Care Titration Chart		
Drug	**Dosage**	**Remarks**
Lidocaine 2,000 mg/250 mL (8 mg/mL) D5W	Bolus: 1.5 mg/kg If VF or VT; may repeat 0.75 mg/kg every 10 minutes (**maximum bolus dose 3 mg/kg**) Normal starting rate: 2 mg/min Titrate down as soon as possible due to toxicity. **Max rate: 4 mg/min**	May re-bolus for reappearance of arrhythmia Monitor for hypotension and bradycardia.
Lorazepam (Ativan) 25 mg/250 mL (0.1 mg/mL) D5W	Normal starting rate: 1 mg/hr. Increase by 1 mg/hr every 15 minutes to achieve desired response (RASS -1 to 0)	**Contact physician if goal unachieved at 6 mg/hr.** May cause hypotension and bradycardia
Milrinone (Primacor) 20 mg/100 mL (0.2 mg/mL) D5W	Normal starting rate: 0.125 mcg/kg/min Increase by 0.125 mcg/kg/min every 15 minutes until goal achieved: CI≥2 **Max rate: 0.75 mcg/kg/min**	Preferable to give via a central line May cause hypotension and hypokalemia
Naloxone (Narcan) 2 mg/250 mL NS	IVP: 0.4-2 mg Continuous infusion: 0.25-6.25 mg/hr. Increase 0.5 mh/hr every 10 minutes until desired response	
Nicardipine (Cardene) 20 mg/200 mL NS	Normal starting rate: 5 mg/hr. Increase by 2.5 mg/hr every 15 minutes until desired goal. Once response is achieved, decrease by 2.5 mg/hr every 10 min to a goal rate of 3 mg/hr if tolerated. **Max rate 15 mg/hr**	Central line is preferred May cause hypotension and bradycardia
Norepinephrine (Levophed) 8 mg/250 mL NS	Normal starting rate: 0.02 mcg/kg/min. Increase by 0.02 mcg/kg/min every 15 minutes until desired goal. Starting infusion rates post-cardiac arrest typically higher such as 0.1 mcg/kg/min.	**Contact physician if goal unachieved at 0.5 mcg/kg/min.** May cause hypertension. Common titration goals MAP > 65 or SBP > 90 Central line is required
Phenylephrine (NeoSynephrine) 40 mg/250 mL NS	Initiate: 0.5 mcg/kg/min. Increase by 0.1 mcg/kg/min every 15 minutes until goal achieved or dose of 5 mcg/kg/min is reached	**Contact physician if goal unachieved at 5 mcg/kg/min.** Central line is preferred May cause hypertension
Propofol (Diprivan) 1,000 mg/100 mL	Normal starting rate: 10 mcg/kg/min. Increase by 10 mcg/kg/min every 5 minutes until desired response (RASS -1 to 0) **Must have dedicated line**	**Contact physician if goal unachieved at 80 mcg/kg/min is achieved.** Change tubing every 12 hours (no preservatives) May cause hypotension, bradycardia, and decreased CO
Rocuronium/ Zemuron 400 mg/100 ml NS	Bolus: 0.6mg/kg Normal starting rate: 5 mcg/kg/min, titrate by 1 mcg/kg/min every 15 min to patient condition as determined by Train of Four(TOF) **Max Dose: 12 mcg/kg/min**	**MUST be sedated the ENTIRE TIME paralyzed.** Do baseline TOF, may also require BIS monitoring. Document q1hr and with dose change
Vasopressin 20 units/250 mL NS	**Shock:** 0.04 units/min continuous infusion, **DO NOT TITRATE**	Taper dose by 0.01 units/min every hour as tolerated to maintain target BP **AFTER** Catecholamine(s) are discontinued (e.g. Levophed) **** Dose Greater than 0.04 units/min for septic shock has increase risk for cardiac arrest**