WEST FLORIDA

Adult Heparin & Vasopressor Concentration Standardization

HCA Healthcare℠

Adult Heparin & Vasopressor Concentration Standardization

Audience

- All Clinical Nurses

Go Live Date

- **September 30, 2025**

Author

- **Pharmacy**

Summary of the change and why?

ALL HCA FACILITIES ARE MOVING TO A **STANDARD DRUG CONCENTRATION FOR *HEPARIN*** USED TO TREAT THROMBOEMBOLIC EVENTS IN BOTH ADULT AND PEDIATRIC POPULATIONS.

ALL HCA FACILITIES ARE MOVING TO A **STANDARD DRUG CONCENTRATIONS AND WEIGHT-BASED DOSING (MCG/KG/MIN) FOR CERTAIN *VASOPRESSOR* INFUSIONS.**

THE JOINT COMMISSION, INSTITUTE FOR SAFE MEDICATION PRACTICES (ISMP), AND AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS (ASHP) RECOMMEND LIMITING THE NUMBER OF AVAILABLE DRUG CONCENTRATIONS AND A SINGLE DOSING STRATEGY.

Vasopressor Dosing Strategy Conversion: Weight Based Dosing Only

Go-Live Date: September 30, 2025

- Current practice
  - Both weight based (mcg/kg/min) and non-weight based (mcg/min) dosing for vasopressors are available in the Alaris IV pump library.
  - Inconsistent practice across WFD facilities. Several facilities utilize non-weight-based dosing and some facilities utilized both dosing strategies.

- What is Changing?
  - To reduce the potential for medication errors, the division will standardize **vasopressor dosing to weight-based dosing ONLY** (mcg/kg/min).
  - This will change the dosing for EPINEPHrine, norepinephrine, and phenylephrine.
  - The Alaris IV pump library will be updated to **remove** the non-weight-based dosing options.

- Key Takeaways
  - Accurate patient weights will be critical for safe initiation and titration of vasopressors with a weight-based dosing strategy.
    - Ensure the documented weight is a **bed scale weight**, NOT an estimated or stated/reported weight.
  - Ensure the correct initial weight-based rate is used by checking the admin. criteria in the medication order.
    - DO NOT use the rate you have committed to memory as this is likely non-weight-based dose and could lead to an excessive dose.

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Implementation with next Drug Library Update: 9/30/25

Enterprise-Wide Standardization
WFD Impact

Current Concentrations	New Enterprise-wide Standard Concentrations
Heparin ~~25,000 units/500 mL (50 units/mL)~~	**Heparin 25,000 units/250 mL (100 units/mL)**
EPINEHrine ~~4 mg/250 mL (16 mcg/mL)~~ ~~8 mg/250 mL (32 mcg/mL)~~	**EPINEPHrine:** **5** mg/250 mL **(20** mcg/mL) – mix in pharmacy **10** mg/250 mL **(40** mcg/mL) – vial-2-bag
Norepinephrine 4 mg/250 mL (16 mcg/mL) ~~8 mg/250 mL (32 mcg/mL)~~ ~~32 mg/250 mL (128 mcg/mL)~~	**Norepinephrine:** **4** mg/250 mL (***16*** mcg/mL) – vial-2-bag ***16*** mg/250 mL (**64** mcg/mL) – mix in pharmacy
Phenylephrine ~~20 mg/250 mL (80 mcg/mL)~~ 100 mg/250 mL (400 mcg/mL)	**Phenylephrine:** **50** mg/250 mL (**200** mcg/mL) – vial-2-bag **100** mg/250 mL (**400** mcg/mL) – vial-2-bag **10 mg/100 mL (100** mcg/mL) – vial-2-bag ***anesthesia only***

CALLING OUT NOREPINEPHRINE CONCENTRATION CHANGE:

Standardized norepinephrine concentrations: 4 mg/250mL (***16 mcg/mL***) vial 2 bag OR ***16 mg/250mL*** (64 mcg/mL) mix in pharmacy

Key Points:

- Always prime a new tubing set when changing concentrations of an infusion.
- Ensure that the pump has been updated to the newest library.
- **Verify that the concentration in the bag matches the concentration selected in the pump**.
- Ensure you have programmed the correct dose and complete an ***Independent Double-Check.***

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References

References: American Society of Health-System Pharmacists (2024, September). Adult continuous infusion standards. https://www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Adult-Infusion-Standards.pdf; Jew, R. & Grissinger, M. (2021). High alert medication insulin and vasopressors: Practical strategies in pursuit of safety. *Institute for Safe Medication Practices.* https://www.ismp.org/sites/default/files/attachments/2021-12/High%20Alert%20Medications%20Part%201.pdf; TJC MM.02.01.02 (EP6)

One page summary for the standard concentrations & weight-based dosing

Who to Contact for Questions

Department: Pharmacy

Phone/Email: Refer to your facility specific pharmacy contact information