New Medications for Progressive Care Unit

Heparin Drip
- Anticoagulation for thrombosis or post cath
- Dose: per protocol for anticoagulation for thrombosis

Milrinone
- Home milrinone
- Stable CT surgery patients transitioning to home on milrinone

Dopamine
- Home dopamine
- Stable CT surgery patients transitioning to home on dopamine

**Patients requiring titration of cardiac drips or an escalation of care should be evaluated for PICU transfer**

Potassium chloride
- Potassium replacement for:
  - Symptomatic hypokalemia or potassium that isn’t able to be treated by increasing or adding potassium to IV fluid or oral route
- Dose: 0.25-0.5 mEq/kg/dose over 1 hour
- Preferably administered through central line, good PIV access must be maintained

Calcium chloride
- Calcium replacement for:
  - Symptomatic hypocalcemia or calcium that isn’t able to be treated by adding to IV fluids or oral route
- Dose: 10 mg/kg/dose over 1 hour
- Preferably administered through central line, good PIV access must be maintained

Magnesium Sulfate
- For status asthmaticus patients
- Dose: 25-75 mg/kg/dose IV once over 2-4 hours

**Patients requiring repeat dosing should be evaluated for PICU transfer**

Vasopressin
- For known Diabetes Insipidus patient who needs to be NPO or is unable to be managed on home desmopressin
- Starting dose: 0.5 milliunits/kg/hour

Medications for sedation or analgesia weaning therapy:
Fentanyl drip wean for dependency
Midazolam drip wean for dependency

**These continuous infusions are meant for short procedures or slowly weaning patients due to prolonged use. Any escalation of care requiring increases or cardiorespiratory compromise should be evaluated for PICU transfer.**

PRN analgesia and sedation meds or weaning for dependency:
Fentanyl
Midazolam

Terbutaline Subcutaneous
- For Status Asthmaticus
References


5. American Academy of Pediatrics, Committee on Hospital Care and Section on Critical Care; and Society of Critical Care Medicine, Pediatric Section, Admission Criteria Task Force. Guidelines for developing admission and discharge policies for the pediatric intensive care unit. Pediatrics. 1999; 103: 840-842.

2-22-2011