

Push Dose Phenylephrine

Why are push dose vasopressors used?

The purpose of push dose vasopressors is to provide a method of counteracting short-lived hypotension during diagnostic or therapeutic procedures and anesthesia-induced hypotension. Push dose vasopressors are most commonly administered in the peri-intubation setting to either increase the pressures of a hypotensive patient before RSI or following RSI if the patient's pressures remain low. They can also act as a bridge to a continuous infusion of vasopressors until they are mixed by pharmacy.

Phenylephrine is the most commonly utilized push dose vasopressor. Phenylephrine has purely α activity (no β activity), therefore resulting in venous and arterial vasoconstriction with minimal cardiac inotropy or chronotropy. Hemodynamically this causes an increase in MAP by raising SVR with variable effects on CO. By increasing systolic, diastolic and mean arterial blood pressures, phenylephrine can cause reflex bradycardia and is not indicated for use as a sole agent in the treatment of hypotension associated with sepsis or anaphylaxis. Unlike other vasopressors, it can be administered via rapid bolus for acute, severe hypotension or via a continuous infusion.

Who can administer phenylephrine IV push?

A **physician** can only administer push dose phenylephrine at this time.

What is the dose?

40-200 mcg (80 mcg/mL) IV push every 10-15 minutes as needed for hypotension.

How quickly does it work and how long does it last?

Phenylephrine takes approximately 1 minute to work and should have a continued effect for ~10-20 minutes.

Where is this medication stocked?

Prefilled syringes of phenylephrine (80 mcg/mL) are stocked in CC1-CC5 Pyxis®.

