



## REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME  
**enalaprilat**



<b>Effective Date:</b> Dec 2012  <b>Revised Date:</b> May 9-2018	CLASSIFICATION <b>Antihypertensive, Angiotensin-Converting Enzyme Inhibitor</b>	OTHER NAMES <b>Vasotec IV</b>	PAGE  1 of 1
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**ADMINISTRATION POLICY:**  
 IV Bolus - May be administered by a nurse  
 IV Intermittent - May be administered by a nurse  
 IM: - Not recommended

**RECONSTITUTION/DILUTION/ADMINISTRATION:**  
**Available as:** 1.25 mg/mL - 2 mL vial  
  
**IV Bolus:** Administer undiluted over at least 5 minutes  
  
**IV Intermittent:** Dilute in 50 mL normal saline. Administer over 5 to 15 minutes.  
  
**Maximum rate:** IV Bolus/IV Intermittent: Over at least 5 minutes. (Note: Infusion over 1 hour is recommended in patients with heart failure, severe volume and/or salt depletion, recent intensive diuresis or patients on dialysis).  
  
**Maximum concentration:** IV Bolus: 1.25 mg/mL

**DOSAGE:**  
**Usual:** 1.25 mg every 6 hours  
 0.625 mg every 6 hours: Recommended starting dose for patients with renal impairment, (Cr Cl less than or equal to 30 mL/minute), congestive heart failure, volume depletion, or concomitant diuretic therapy.  
  
**Maximum single dose:** 5 mg  
**Maximum daily dose:** 20 mg

**STABILITY/COMPATIBILITY:**  
**Stability of Final Admixture:** 24 hours at room temperature  
  
**Compatibility:** Compatible with normal saline, D5W, D5W-normal saline combinations, D5W in Lactated Ringer.

- PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**
- Contraindicated in patients with a history of angioedema due to ACE inhibitors.
  - Use with caution in patients with impaired hepatic/renal function, renal artery stenosis, patients on diuretic therapy, or who are volume depleted or hyperkalemic.
  - Hypotension, dizziness, headache, nausea
  - Renal failure
  - Angioedema – rarely

- ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**
- Monitor blood pressure, electrolytes, and ECG when deemed necessary due to elevated serum potassium.
  - Onset of action: within 15 minutes
  - Peak action: hypotensive effect may be delayed for up to 4 hours
  - IV to PO conversion: 1.25 mg IV every 6 hours = 5 mg by mouth daily
  - Dose adjustment required for renal impairment