REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
phentolamine

Effective Date: Dec 2012 **Revised Date:** Nov 7 2018	CLASSIFICATION **Sympatholytic**	OTHER NAMES **Rogitine**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus - **Administration restricted to a nurse in ICU/PACU/ED**
IM Injection - **Administration restricted to a nurse in ICU/PACU/ED**
Subcutaneous - **Administration restricted to a nurse in ICU/PACU/ED**

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 10 mg/mL ampoule or 5 mg/mL vial. Store in refrigerator

IV Bolus: Administer undiluted, or diluted with normal saline and administer over at least 1 minute

IM Injection: Administer undiluted

Subcutaneous: Dilute 5 mg with normal saline to a total volume of 10 mL

Maximum rate: 15 mg/minute
Maximum concentration: IV Bolus: 10 mg/mL
Subcut: 1 mg/mL

DOSAGE:

Usual:

Diagnosis of pheochromocytoma: 5 mg IV (preferably) or IM

Surgery in pheochromocytoma: 5 mg 1 to 2 hours preop and repeated every 2 to 4 hours as needed

Hypertensive crisis: 5 to 20 mg IV as needed

Prevention of dermal necrosis following extravasation of alpha-adrenergic drugs (norepinephrine, dopamine):
5 to 10 mg (in 10 mL normal saline) by subcutaneous infiltration.

Maximum single dose: 20 mg
Maximum daily dose: N/A

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours refrigerated

Compatibility: Compatible in normal saline

REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
phentolamine

Effective Date: Dec 2012 **Revised Date:** Nov 7 2018	CLASSIFICATION **Sympatholytic**	OTHER NAMES **Rogitine**	PAGE 2 of 2

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Tachycardia, arrhythmias, hypotension (Antidote: norepinephrine. Epinephrine should not be given as it may cause a paradoxical fall in blood pressure).
- Anginal pain
- Abdominal pain, nausea, vomiting, diarrhea.
- Weakness, dizziness, flushing, headache
- Nasal congestion
- Cerebrovascular spasm and cerebrovascular occlusion

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosage reduction may be necessary in patients with renal impairment.
- Procedure for treatment of extravasation of vasopressors:
    - Discontinue the vasopressor infusion immediately.
    - Aspirate as much of the infiltrated drug as possible using the original IV cannula but do **not** remove the IV cannula at this point.
    - Notify the physician and obtain order for subcutaneous infiltration of phentolamine.
      NOTE: phentolamine must be administered within 12 hours of extravasation to be effective.
    - Cleanse area for injection thoroughly.
    - In a circular pattern around the extravasation site, using a fine bore hypodermic needle (27 or 30 gauge) inject 0.5 to 1 mL at a time to infiltrate the affected subcutaneous tissue with the phentolamine solution. Blanching should decrease quickly.
    - It may be necessary to repeat with a further 5 mg of phentolamine depending upon the area of extravasation.
    - Remove the original IV cannula
    - Elevate the affected limb
    - Monitor/observe extravasation site for tissue breakdown on a regular basis and assess the need for early surgical consult for debridement.

NOTE: Site should be observed for 2 weeks for signs of tissue breakdown (pain, redness, swelling, bruising).