



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

phenylephrine



Effective Date: Dec 2011

Revised Date: Dec 2022

CLASSIFICATION
**Sympathomimetic
Vasopressor**

OTHER NAMES
Neosynephrine

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ADMINISTRATION POLICY:

IV Infusion Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU

IV Bolus Administration restricted to nurses under direct supervision of prescriber

IM Injection – *Not recommended*

Subcutaneous – *Not recommended*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 10 mg/mL – 1 mL and 5 mL vials

IV Bolus: Add 1 mL of phenylephrine (10 mg/mL) to 100 mL normal saline
Final volume: 101 mL
Final concentration: 100 mcg/mL (rounded – actual concentration = 99 mcg/mL)
Administer dose over 20 to 30 seconds

IV Infusion: Pump Library:

phenylephrine HI

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mcg/kg/min	phen100	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
100 mg (10 mL of 10 mg/mL)	250 mL NS	260 mL	0.385 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.1 mcg/kg/min		Soft High Dose Limit: 5 mcg/kg/min	

phenylephrine LO

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mcg/kg/min	phen50	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
50 mg (5 mL of 10 mg/mL)	250 mL NS	255 mL	0.196 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.1 mcg/kg/min		Soft High Dose Limit: 5 mcg/kg/min	

DOSAGE:

IV bolus: 100 to 500 mcg every 2 to 10 minutes

IV continuous: Initiate at 0.5 to 6 mcg/kg/minute and titrate to desired response by **doubling dose** every 3 to 15 minutes

Maximum single dose: IV bolus: 500 mcg

Maximum daily dose: N/A (based on patient)

Maximum rate: IV bolus: 500 mcg/minute
IV continuous: 10 mcg/kg/minute

Maximum concentration: IV bolus: 100 mcg/mL
IV continuous: 1500 mcg/mL



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STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, combinayion dextrose/saline solutions

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Reflex bradycardia, hypertension, cerebral hemorrhage
- Peripheral and visceral vasoconstriction; reduced blood flow to vital organs
- Contraindicated in severe hypertension or ventricular tachycardia

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Administer via central venous access device for continuous infusion. Peripheral administration may be used only as in interim measure until central venous access is established
- Continuous cardiac monitoring required
- Recommended monitoring for continuous infusion: non-invasive blood pressure until invasive blood pressure monitoring can be established (preferred), heart rate, urine output
- Monitor and change site immediately if extravasation occurs
- Onset of action: Immediate. Duration: 15 to 30 minutes