



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
vasopressin



Effective Date: Dec 2011	CLASSIFICATION Hormone – vasopressor Antidiuretic	OTHER NAMES Pitressin	PAGE 1 of 2
Revised Date: Dec 2022			

ADMINISTRATION POLICY:

- IV Bolus – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU
- IV Infusion – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU
- IM Injection – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU
- Subcutaneous – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 20 units/mL – 2 mL vial, 5 mL ampoule

IV bolus : Administer undiluted over 1 minute into an infusing IV solution

IM/ Subcut: Administer undiluted

IV Infusion: Pump Library:

Drug Library	Dose Rate	Short Name	Care Unit
Yes	units/min	vaso20	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
20 units (1 mL of 20 units/mL)	100 mL NS	101 mL	0.2 units/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.01 units/min		Soft High Dose Limit: 0.04 units/min	

DOSAGE:

Sepsis: IV infusion: 0.03 units/minute added to norepinephrine as a fixed dose;
usual dose range: 0.01 to 0.04 units/minute; (1.8 to 2.4 units/hour)

Diabetes insipidus: Subcut: 5 to 10 units two to three times daily as needed

Vasopressin Dose Conversion

Units/minute	Units/hour
0.01	0.6
0.02	1.2
0.03	1.8
0.04	2.4

Maximum single dose: 10 units

Maximum rate : 0.06 units/minute



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STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

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

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- May reduce cardiac output, cause angina, MI, arrhythmias, cardiac arrest
- May cause cramping, bowel necrosis, lower limb ischemia
- Tissue necrosis, sloughing and gangrene can occur due to extravastion and infiltration
- Monitor IV site frequently

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Administer via central venous access device for continuous infusion. Peripheral line may be used only as an interim measure until central venous access is established.
- Recommended monitoring for continuous infusion: heart rate, non-invasive blood pressure, invasive blood pressure (preferred), urine output and continuous cardiac monitoring.
- Manufacturer labeled for IM or subcutaneous only but may also be given intravenously
- Elderly patients: Have increased responsiveness to vasopressin with respect to its effects on water homeostasis.