

PROTOCOL FOR: Natrecor: IV Administration

- POLICY:
1. This drug is to be administered in critical care areas only, where patient is on a cardiac monitor.
 2. On the Cardiac Step Down Unit, the preferred dose is 2 mcg/kg bolus followed by a continuous infusion of 0.01 mcg/kg/min.
 3. Natrecor is indicated for the treatment of patients with congestive heart failure, and should not be administered in patients with a systolic blood pressure of <90 mmHG.

DESIRED
PATIENT

- OUTCOMES:
1. Patient will demonstrate improved cardiac output and decreased dyspnea.
 2. Patient will not suffer negative side effects of Natrecor.

CLINICAL
ASSESSMENT
AND CARE:

1. Prior to starting infusion:
 - a. Document baseline assessment:
 - 1) Obtain BNP (B-type Natriuretic Peptide)
 - 2) LOC
 - 3) VS (BP, apical HR, Resp. x 1 minute)
 - 4) Baseline rhythm strip
 - 5) Skin color, peripheral perfusion, temperature
 - 6) Heart and lung sounds
 - 7) A recent weight (double check calculations with a licensed staff member)
 - b. Validate solution concentration per MD order. Suggested concentration is 1.5 mg in 250 mL of D5W
 - c. Calculate dosage in mcg/kg/min only
2. Beginning the Infusion
 - a. The IV bolus should be drawn from the diluted 250 ml bag, and administered over approximately 60 seconds.
 - b. Follow IV bolus by 0.01 mcg/kg/min continuous IV infusion
 - c. Remain at the patient's bedside for the initial 15 minutes of infusion to assess and document:
 - 1) LOC
 - 2) Vital Signs-assess for hypotension
 - 3) Shortness of breath

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- 4) Monitor for atrial/ventricular arrhythmias
- 5) Nausea
- 6) Headache

4. Care During Infusion

- a. Reassess every 15 minutes for 30 minutes, then every 30 minutes for one hour.
- b. Continue to review rhythm, validating changes with rhythm strips in the clinical record
- c. Once patient has a positive response - i.e.: increased cardiac output and decreased dyspnea with stabilization of vital signs, then decrease assessment intervals to every four hours.

5. Assess for Complications:

- a. Hypotension (systolic < 90) - if occurs,
 - 1) Place patient flat; avoid Trendelenburg
 - 2) Decrease infusion rate to prior
 - 3) Stay with patient and continue decreasing rate until BP stabilizes
 - 4) If hypotension is severe, notify physician.
- b. Dysrhythmias:
 - 1) Notify MD
 - 2) May need IV dysrhythmic drug (per MD) if symptoms persist after cessation of drip
- c. Headache:
 - 1) Give analgesics as ordered.
 - 2) Reduce stimuli, keep HOB at 30.
 - 3) If pain is intolerable, notify MD.
- d. Confusion:
 - 1) Notify MD

6. Discontinuation of Infusion:

- a. Discontinue with physician's order.
- b. Begin downward titration - reduce drip to 0.005 mcg/kg/min.
- c. Assess for signs of decreased cardiac output, i.e.: decreased urinary output, decreased mental acuity, further decrease in blood pressure

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d. Monitor for 1 hour then discontinue drug.

PATIENT TEACHING: 1. Reinforce the rationale for Natrecor therapy
2. Review potential side effects associated with Natrecor such as hypotension and HA and instruct the patient to report these adverse reactions.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 10/03

REVISION DATES: 3/04