

PROTOCOL FOR: Procainamide: IV Administration

DESIRED PATIENT

- OUTCOMES:
1. Patient/family will understand need for anti-arrhythmic therapy.
 2. Atrial and/or ventricular arrhythmias will be controlled.
 3. Patient's B/P will remain within normal limits.

CLINICAL
ASSESSMENT

- AND CARE:
- A. Prior to starting infusion
1. Ascertain if patient will receive a bolus prior to starting the infusion. Recommended concentration for bolus: 1 gram in 250 ml NS.
 2. Validate order for concentration and infusion rates. Suggested concentration: 2 Grams Procainamide in 500ml D₅W or NS (single); 4 Grams in 500 ml D₅W or NS (double).
 3. Infusion must be run on an IV infusion pump.
 4. Establish baseline PR, QRS, and QT intervals.
 5. Place patient on continuous ECG monitor.
 6. Perform baseline assessment on patient, including VS's and B/P.
- B. Initiating the bolus and the infusion
1. If a bolus is ordered, administer the dosage at a rate of 30mg/min over 30 min; total dose not to exceed 17/mg/Kg. Check B/P and rhythm frequently during bolus. If hypotension, excessive widening of the QRS complex (>50%) or prolongation of the PR interval occurs, notify the MD as the drug may need to be temporarily discontinued.
 2. After the bolus is given, wait 5-10 min. before beginning the infusion. Usual rate of infusion is 1-4 mg/min. but needs to be individualized, especially for the patient with impaired renal function.
- C. Ongoing care:
1. Monitor PR, QR, and QT intervals on ECG strip q shift and PRN. Notify MD for prolonged PR or QT interval, or widened QRS complex.
 2. Monitor VS's and B/P q 2 hrs. and PRN.

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3. Monitor procainamide and napa levels as ordered.
4. Monitor for side effects (GI distress, CNS disturbance, seizure). Notify MD of any adverse reaction.

D. Discontinuing the infusion:

1. Due to the half-life of Procainamide, there is no need to taper off below 2mg/min. At this point, if the patient tolerates weaning, simply discontinue the infusion.
2. Monitor patient's rhythm and B/P while weaning the drip and after discontinuing the infusion. If increased ectopy is noted, notify MD.

PATIENT
EDUCATION:

1. Instruct patient and family of possible GI (nausea, vomiting, diarrhea) and CNS (dizziness, vertigo) side effects. If patient experiences these, reinforce that the nurse should be notified.

APPROVAL: ICU Standards Committee
ED Standards Committee
Nursing Standards Committee
Cardiac Step-Down Standards Committee

EFFECTIVE: 7/90

REVISION DATES: 1/95, 3/96, 8/97, 8/99, 10/03, 9/08