

PROTOCOL FOR: Digoxin

POLICY: Initial and maintenance orders for Digoxin must be signed by two physicians/advanced practitioners, using pre-printed Digoxin order sheet.

DESIRED
PATIENT OUTCOMES:

1. Infant will have improved cardiac contractility and decreased intravascular fluid volume.
2. Infant will maintain a normal sinus rhythm.
3. Infant will exhibit no signs of Digoxin toxicity.

CLINICAL
ASSESSMENT
AND CARE:

1. Baseline HR, RR, BP prior to first dose. These should be noted on flow sheet and Kardex.
2. EKG rhythm strip prior to each digitalizing dose and first dose following a dose adjustment. Desired PR interval is < .12 sec. or as determined by physician/advanced practitioner.
3. Apical pulse prior to each dose.
4. Urine output with each diaper change.
5. Assess for and report signs of Digoxin toxicity: bradycardia, prolonged PR interval, arrhythmias. Less specific signs of toxicity include drowsiness, lethargy, anorexia, vomiting, diarrhea or feeding intolerance.
6. Assess for and report signs and symptoms of CHF, such as decreased urine output, deterioration in infants respiratory status, poor perfusion, decreased pulses, prolonged capillary refill time.
7. Report failure to convert SVT to normal sinus rhythm or episodes of recurrent tachycardia.

SAFETY ISSUES:

1. Place, date, time and signature of RN and physician/advanced practitioner on each rhythm strip obtained.
2. Use only a TB syringe when drawing up Digoxin.
3. Written order for and preparation of Digoxin will be checked by two RNs prior to administration of each dose.
4. Hold medication for HR < 80 (or < 100, if infant is < 38 weeks gestation).

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PATIENT

TEACHING: Refer to Teaching Plan: Medication Administration at Home,
and Parent Handout: Digoxin.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 8/95

REVISION DATES: 4/97, 12/97, 5/99, 10/01, 9/03

REVIEWED DATES: 12/08