

NURSING BULLETIN

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Vasoactive Titration Workflow

Review best practice workflow for vasoactive titratable medications.

[Order requirements, block charting, handoff, and timely medication replacement]

Registered nurses shall adjust titratable IV drip medication per provider orders.

Titration orders will include:

1. Starting infusion rate or dose
2. Maximum infusion rate or dose
3. Incremental units to which the rate or dose can be increased or decreased
4. Frequency of rate or dose changes
5. Titration parameters

→ blood pressure, heart rate, MAP, sedation scale, etc.

If there is an immediate risk to patient safety or a life-threatening condition and rapid titration of a medication is necessary, RNs may titrate as needed.

Required Block Charting Documentation Elements:

Time of initiation	Name of medication	Starting and Ending rates/dose
Maximum rate/dose	Time of completion	Physiological parameters which led to emergent titration

Note: If the episode of emergent/urgent titration exceeds *four hours*, a new block of charting documentation should be utilized. RN will notify the provider and document notification in Communication Information.

Bedside Handoff will be performed at change of shift or change of RN assignment.

- During bedside handoff a physical verification will be conducted to verify intravenous medications are running per provider orders utilizing the **I-TRACE** (Illuminate, Touch, Review, Act, Clarify, Expect) process
- RNs will discuss the approximate time vasoactive infusion bags will need to be changed

Documentation: RNs will document handoff of vasoactive infusions via "Handoff Information"

Best Practice Reminder:

When hanging a new vasoactive infusion bag, RNs will customize the VTBI to alert approximately 1 hour prior to the infusion completion. Once infusion pump alerts that the volume is insufficient, RN will **immediately confirm a replacement** vasoactive infusion bag.

NOTE! When the pump volume is **ZERO (0)** the vasoactive infusion will default to TKO (10ml/hr), which could lead to underdosing a patient with a lifesaving vasoactive medication.

Resource: Policy CP 4-156: Administration and Titration of Intravenous Medications and Policy CP 5-101: Handoff Communication

INQUIRIES OR COMMENTS MAY BE DIRECTED TO UNIT LEADERS