

VUMC INTRAVENOUS MEDICATION ADMINISTRATION CHART

Approved by Pharmacy, Therapeutics, and Diagnostics Committee
(Last Revised January 2021)

This list is not inclusive of all VUMC Formulary medications given intravenously. Refer to references such as [Lexi-Comp Online™](#) or contact the Pharmacy for additional information on administration and monitoring. This list does not apply to medication administration with provider oversight during emergency situations.

To request changes to this chart, contact PandTcomm@vumc.org. Refer to the following resources for information on standard infusion concentrations: [Alaris Guardrails Library](#) and [Children's Hospital Standard Drip Concentrations](#).

*Central Line Preferred indicates that the medication is associated with venous irritation. Certain situations may require that the medication be administered peripherally (e.g., emergency situations, waiting on central line placement, or very short duration of infusion planned). Infusion of these medications/solutions through a peripheral vein may lead to loss of vascular access or damage to the vein and/or surrounding tissue, resulting in chemical phlebitis and thrombus formation. Other factors including vein size, infusion rate, catheter dwell time, catheter size and location also influence the risk of phlebitis. Monitor closely for signs and symptoms of infiltration and/or phlebitis if given peripherally.

**Titration refers to a medication order in which the dose is either progressively increased or decreased in response to the patient's status. The provider must specify the initial rate, incremental units the rate can be increased or decreased, frequency for incremental doses, maximum rate of infusion, and objective clinical endpoint.

MEDICATION	CATEGORY	APPROVED FOR			RESTRICTIONS
		✓ = Approved for Level of Care Indicated Refer to Area Designations Chart on last page			
		ICU	Stepdown	Gen Care	
Acetylcysteine	Acetadote	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push
Adenosine (Adenocard)	Antiarrhythmic	✓ See Restrictions	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> Infusion not recommended Provider required to be present at bedside during administration and to visually observe patient for at least 5 minutes after administration Continuous ECG monitoring for 30 minutes Monitor BP at baseline and every 15 min x 2
Albumin	Blood Product Derivative	✓	✓	✓	
Alemtuzumab (Campath)	Monoclonal Antibody	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push
Alprostadil (Prostin VR)	Prostaglandin	✓			<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients

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Alteplase (Activase) Also known as Tissue Plasminogen Activator (t-PA)	Thrombolytic	✓ See Restrictions	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • Infusions are restricted to ICU and Stepdown • May be used without restriction for catheter clearance. • Orders for clearance of drains or chest tubes must be administered by provider in all areas. • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients
Aminocaproic Acid (Amicar)	Hemostatic Agent	✓			<ul style="list-style-type: none"> • Not for IV Push
Aminophylline	Bronchodilator	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • In Stepdown and General Care, restricted to adult patients
Amiodarone (Cordarone)	Antiarrhythmic	✓	✓ See Restrictions		<ul style="list-style-type: none"> • In Stepdown areas, infusion is restricted to adult patients with no titration** • *Central Line Preferred if conc > 2 mg/mL • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Angiotensin II (Giapreza)	Vasoactive Agent	✓ See Restrictions			<ul style="list-style-type: none"> • Restricted to adult patients in MICU only with approval by the Medical Director • Not for IV Push • *Central Line Preferred
Antithymocyte Globulin-Rabbit (Thymoglobulin)	Immunosuppressant	✓	✓	✓	<ul style="list-style-type: none"> • Not for IV Push
Argatroban	Anticoagulant	✓	✓	✓	<ul style="list-style-type: none"> • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Ascorbic Acid	Antioxidant	✓ See Restrictions			<ul style="list-style-type: none"> • Restricted to adult patients in the Burn ICU • Not for IV Push
Atropine	Anticholinergic	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • In Stepdown and General Care areas, provider required to be present at bedside during administration and to visually observe patient for at least 5 minutes after administration. May be given in Stepdown prior to provider arrival while waiting for provider to arrive and monitor the patient. • Monitor BP and heart rate at baseline and every 15 minutes x 1

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Basiliximab (Simulect)	Monoclonal Antibody	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push
Bivalirudin (Angiomax)	Anticoagulant	✓	✓	✓	<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Bumetanide (Bumex)	Diuretic	✓	✓ See Restrictions	✓ See Restrictions	In Stepdown and General Care areas, infusion is restricted to adult patients with no titration**
Buprenorphine (Buprenex)	Opioid (C-III)	✓	✓	✓	<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging
Butorphanol (Stadol)	Opioid (C-IV)	✓	✓	✓	<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging
Calcium Chloride (CaCl)	Electrolyte	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> In Stepdown and General Care areas, restricted to intermittent infusion only *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Calcium Gluconate	Electrolyte	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> For pediatric patients, in Stepdown and General Care areas, restricted to intermittent infusion only Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
chlorproMAZINE (Thorazine)	Antipsychotic	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push
Cisatracurium (Nimbex)	Paralyzing Agent	✓			<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Clevipidine (Cleviprex)	Antihypertensive	✓			<ul style="list-style-type: none"> Non-formulary for Children’s Hospital Not for IV Push

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Crotalidae Polyvalent Immune Fab (Ovine) (CroFab)	Antivenin	✓	✓	✓	
cycloSPORINE (SandIMMUNE)	Immunosuppressant	✓	✓	✓	<ul style="list-style-type: none"> • Not for IV Push
Dexamethasone (Decadron)	Corticosteroid	✓	✓	✓	
Dexmedetomidine (Precedex)	Sedative	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • In Stepdown and General Care areas, restricted to pediatric patients for palliative care or for anxiolysis with MIBG therapy according to the restrictions outlined in the following policy/SOP documents: <ul style="list-style-type: none"> ○ CL SOP – End-of-Life Medications on General Care Units - Pediatrics ○ Pediatric Myelosuppression SOP – Metaiodobenzylguanidine (MIBG) Anxiolysis and Management • Refer also to the following policy/SOP documents: <ul style="list-style-type: none"> ○ Procedural Sedation ○ MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging ○ MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management
Dextrose in Water	Nutrition Therapy	✓	✓	✓	<ul style="list-style-type: none"> • *Central Line Preferred for concentrations above 12.5%
diazePAM (Valium)	Benzodiazepine (C-IV)	✓	✓	✓	<ul style="list-style-type: none"> • For IV Push only • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> • Procedural Sedation • MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging • MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients

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Digoxin (Lanoxin)	Miscellaneous	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> In Stepdown and General Care areas, restricted to adult patients Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Dihydroergotamine (DHE 45)	Antimigraine	✓	✓	✓	
diltiazem (Cardizem)	Calcium Channel Blocker	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> Restricted to ICU in VCH In VUH Stepdown areas, restricted to adult patients with no titration** of infusions In VUH General Care areas, restricted adult patients via IV Push with provider required to be present at bedside during administration and to visually observe patient for at least 5 minutes after administration Continuous ECG monitoring for 30 minutes Monitor BP and heart rate at baseline and every 15 min x 2
diphenhydramine (Benadryl)	Antihistamine	✓	✓	✓	
DOBUTamine (Dobutrex)	Adrenergic agonist	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas, restricted to adult patients with no titration** of infusions Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
DOPamine (Intropin)	Adrenergic agonist	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> In VUH Stepdown areas, restricted to adult patients with no titration** of infusions In VCH, restricted to cardiac stepdown only for the treatment of protein-losing enteropathy In General Care areas, restricted to adult kidney and/or pancreas transplant patients in the first 24 hours post-op while on 1:1 RN care in the transplant unit *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Enalaprilat (Vasotec)	ACE Inhibitor	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> In Stepdown and General Care areas, restricted to adult patients
EPINEPHrine (Adrenalin)	Adrenergic agonist	✓			<ul style="list-style-type: none"> *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients

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Eptifibatide (Integrilin)	Antiplatelet	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas, restricted to adult patients with no titration** of infusions
Esmolol (Brevibloc)	Beta-blocker	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas, restricted to adult patients in cardiac stepdown areas with EP physician approval and no titration** of infusions *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Etomidate (Amidate)	Sedative	✓			<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging
Famotidine (Pepcid)	Antihistamine	✓	✓	✓	
Fenoldopam (Corlopam)	Dopamine Agonist	✓			<ul style="list-style-type: none"> On formulary in Children's Hospital only
fentaNYL (Sublimaze)	Opioid (C-II)	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> PCA and epidural infusions are allowed in all areas following established SOPs, In Stepdown and General Care areas, IV continuous infusions and bolus doses are restricted to palliative care patients only according to the restrictions outlined in the following policy/SOP document: <ul style="list-style-type: none"> CL SOP – End-of-Life Medications on General Care Units - Pediatrics Refer also to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients MM SOP – Epidural Analgesia Administration and Management Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management
Flumazenil (Romazicon)	Antidote	✓	✓	✓	

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Fosphenytoin (Cerebyx)	Anticonvulsant	✓	✓	✓	
Furosemide (Lasix)	Diuretic	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> In Stepdown and General Care areas, infusion is restricted to adult patients with no titration** of infusions
Glucagon	Antidote	✓	✓	✓	
Glycopyrrolate (Robinul)	Anticholinergic	✓	✓	✓	
Haloperidol (Haldol)	Antipsychotic	✓	✓	✓	
HBIG (Hepagam B)	Blood Product Derivative	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push
Heparin	Anticoagulant	✓	✓	✓	<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
hydrALAZINE (Apresoline)	Vasodilator	✓	✓	✓	<ul style="list-style-type: none"> Not for IV infusion Monitor BP and heart rate at baseline and every 15 min x 2
Hydrocortisone sodium succinate (Solu-CORTEF)	Corticosteroid	✓	✓	✓	

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HYDROMORPHONE (Dilaudid)	Opioid (C-II)	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • PCA and epidural infusions are allowed in all areas following established SOPs (see below) • For continuous infusion: <ul style="list-style-type: none"> ○ In Stepdown and General Care areas, restricted to adult patients with no titration** of infusion • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients ○ MM SOP – Epidural Analgesia Administration and Management ○ Procedural Sedation ○ MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging ○ MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management
Ibutilide (Corvert)	Antiarrhythmic	✓ See Restrictions			<ul style="list-style-type: none"> • Restricted to adult ICU patients
Immune Globulin Intravenous -- IVIG (GAMMAGARD liquid)	Blood Product Derivative	✓	✓	✓	<ul style="list-style-type: none"> • Not for IV Push
Immune Globulin Intravenous -- IVIG (GAMMAGARD S/D)	Blood Product Derivative	✓	✓	✓	<ul style="list-style-type: none"> • Not for IV Push
Immune Globulin Intravenous -- IVIG (GAMUNEX)	Blood Product Derivative	✓	✓	✓	<ul style="list-style-type: none"> • Not for IV Push <p>Note: This is the product of choice in patients with/ OR at risk of RENAL INSUFFICIENCY or RENAL FAILURE</p>

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Insulin	Insulin	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • Restricted to ICU in VCH • In VUH, infusion in Stepdown areas is restricted to the following: <ul style="list-style-type: none"> ○ 4N and 4E Maternal Special Care have ICU privileges for insulin drips ○ 5S - insulin infusions following eStar nurse-managed insulin protocol for up to 24 hours ○ 8MCE - insulin infusions for DKA patients only following eStar nurse-managed insulin protocol ○ 8S and 8N – insulin infusions for DKA patients only following eStar nurse-managed insulin protocol ○ ED C-pod – insulin infusions for DKA patients only following eStar nurse-managed insulin protocol • In General Care areas, IV Push only for hyperkalemia • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients
Isoproterenol (Isuprel)	Adrenergic agonist	✓	✓ See Restrictions		<ul style="list-style-type: none"> • In Stepdown areas, restricted to adult patients with no titration** of infusions
Ketamine (Ketalar)	Sedative (high doses) Analgesic (low doses) C-III	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • In adult Stepdown and General Care areas, administered according to the restrictions outlined in the following policy/SOP document: <ul style="list-style-type: none"> ○ MM SOP - Low-Dose Ketamine Infusion in General Care and Stepdown Areas • In pediatric Stepdown and General Care areas, restricted to palliative care patients according to the restrictions outlined in the following policy/SOP document: <ul style="list-style-type: none"> ○ CL SOP – End-of-Life Medications on General Care Units - Pediatrics • Refer also to the following policy/SOP documents: <ul style="list-style-type: none"> ○ Procedural Sedation ○ MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging ○ MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients
Ketorolac (Toradol)	NSAID	✓	✓	✓	

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Labetalol (Normodyne, Trandate)	Beta-blocker	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • Infusions: <ul style="list-style-type: none"> ○ In Stepdown areas, restricted to adult patients with continuous monitoring and no titration** of infusions ○ In General Care areas, restricted to adult kidney and/or pancreas transplant patients in the first 24 hours post-op while on 1:1 RN care in the transplant unit • IV Push: <ul style="list-style-type: none"> ○ In General Care areas, restricted to adult patients with provider required to be present at bedside during administration and to visually observe patient for at least 5 minutes after administration ○ Monitor BP and heart rate at baseline and every 15 min x 2
Levothyroxine (Synthroid)	Thyroid Hormone	✓ See Restrictions	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • Infusions are restricted to Tennessee Donor Services (TDS) patients only
Lidocaine (Xylocaine)	Analgesic Antiarrhythmic	✓ See Restrictions	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • For antiarrhythmic use: <ul style="list-style-type: none"> ○ ICU – no restrictions ○ Stepdown – restricted to adult patients with no titration** of infusion ○ General Care – restricted to adult patients with no titration** of infusion • For analgesic use: <ul style="list-style-type: none"> ○ Restricted to adult patients in ICU, Stepdown, and General Care areas according to the restrictions outlined in the following policy/SOP document: MM SOP – Lidocaine Infusions for Pain - VUH • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Liothyronine (Triostat)	Thyroid Hormone	✓			

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LORazepam (Ativan)	Benzodiazepine (C-IV)	✓ See Restrictions	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> No restriction for: <ul style="list-style-type: none"> intermittent dosing Benadryl / Ativan / Dexamethasone (BAD) Anti-Emetic Syringe For continuous infusion, the following restrictions apply: <ul style="list-style-type: none"> In ICU areas, restricted to adult patients In Stepdown and General Care areas, restricted to adult patients with no titration** of infusion Refer to the following policy/SOP documents: <ul style="list-style-type: none"> Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Lymphocyte immune globulin; Antithymocyte Globulin –Equine (Atgam)	Immunosuppressant	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push
Magnesium Sulfate	Electrolyte	✓	✓	✓	<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Mannitol (Osmitol)	Osmotic agent	✓	✓	✓	
Methylergonovine (Methergine)	Miscellaneous	✓			<ul style="list-style-type: none"> Non-formulary for Children’s Hospital
Methylprednisolone sodium succinate (Solu-MEDROL)	Corticosteroid	✓	✓	✓	Note: Methylprednisolone acetate is for IM use only.
Metoclopramide (Reglan)	Antiemetic	✓	✓	✓	

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Metoprolol (Lopressor)	Beta-blocker	✓	✓	✓ See Restrictions	<ul style="list-style-type: none"> Not for continuous infusion in any area In General Care areas: <ul style="list-style-type: none"> Restricted to adult patients via IV Push with provider required to be present at bedside during administration and to visually observe patient for at least 5 minutes after administration May be administered to adult kidney and/or pancreas transplant patients in the first 24 hours post-op while on 1:1 RN care in the transplant unit Continuous ECG monitoring for 30 minutes Monitor BP and heart rate at baseline and every 15 min x 2
Midazolam (Versed)	Benzodiazepine (C-IV)	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> In General Care areas, may only be administered for minimal or moderate sedation following established policies/SOPs: <ul style="list-style-type: none"> Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging MM SOP – Moderate Sedation In Stepdown areas, no titration** of infusions, except when: <ul style="list-style-type: none"> Following established SOP for pediatric palliative care patients: CL SOP – End-of-Life Medications on General Care Units - Pediatrics Following established SOP for anxiolysis in pediatric patients receiving MIBG therapy: Pediatric Myelosuppression SOP – Metaiodobenzylguanidine (MIBG) Anxiolysis and Management Refer also to the following policy/SOP documents: <ul style="list-style-type: none"> MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Milrinone (Primacor)	Inotropic agent	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas: <ul style="list-style-type: none"> For adult patients, no titration** of infusions For pediatric patients, restricted to the Pediatric Cardiology Inpatient Unit (PCARD) according to the restrictions outlined in the following policy/SOP documents Refer to the following policy/SOP documents: <ul style="list-style-type: none"> MM SOP – Milrinone Infusion in the Pediatric Cardiology Inpatient Unit High Alert Medications: Pediatric Patients

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Morphine Sulfate	Opioid (C-II)	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • PCA infusions are allowed in all areas following established SOPs (see below) • Continuous infusion in Stepdown and General Care areas are restricted to adult patients • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients ○ MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging ○ MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management
Naloxone (Narcan)	Antidote	✓	✓	✓	
Neostigmine (Prostigmin)	Antidote	✓ See Restrictions			<ul style="list-style-type: none"> • Administered by provider only
niCARdipine (Cardene)	Calcium Channel Blocker	✓	✓ See Restrictions		<ul style="list-style-type: none"> • In Stepdown areas, restricted to adult patients with no titration** of infusions • *Central Line Preferred • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Nitroglycerin (Nitrostat)	Vasodilator	✓	✓ See Restrictions		<ul style="list-style-type: none"> • In Stepdown areas, restricted to adult patients with no titration** of infusions
Nitroprusside (Nipride)	Vasodilator	✓			<ul style="list-style-type: none"> • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Norepinephrine (Levophed)	Adrenergic agonist	✓	✓ See Restrictions		<ul style="list-style-type: none"> • In Stepdown areas, restricted to adult patients with no titration** of infusions • *Central Line Preferred • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Octreotide (SandoSTATIN)	Miscellaneous	✓	✓	✓	
Oxytocin (Pitocin)	Miscellaneous	✓	✓	✓	<ul style="list-style-type: none"> • Non-formulary for Children’s Hospital

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		✓ = Approved for Level of Care Indicated Refer to Area Designations Chart on last page			
		ICU	Stepdown	Gen Care	
Pamidronate (Aredia)	Bisphosphonate	✓	✓	✓	<ul style="list-style-type: none"> Non-formulary for Children's Hospital
Paracalcitrol (Zemplar)	Vitamin D Analog	✓	✓	✓	<ul style="list-style-type: none"> Non-formulary for Children's Hospital
PENTobarbital (Nembutal)	Sedative (C-II)	✓	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> For adult patients, restricted to ICU only In Stepdown and General Care areas, restricted to pediatric palliative care patients according to the restrictions outlined in the following policy/SOP: <ul style="list-style-type: none"> CL SOP – End-of-Life Medications on General Care Units - Pediatrics Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management
PHENobarbital	Anticonvulsant (C-IV)	✓	✓	✓	<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients Procedural Sedation MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging
Phenylephrine (Neosynephrine)	Adrenergic agonist	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas, restricted to adult patients in the Clinical Research Center (CRC) following the Nesiritide study protocol with the provider at bedside *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Phenytoin Sodium (Dilantin)	Anticonvulsant	✓	✓	✓	
Phytonadione (Aquamephyton)	Antidote	✓	✓	✓	<ul style="list-style-type: none"> Not for IV Push

MEDICATION	CATEGORY	APPROVED FOR			RESTRICTIONS
		✓ = Approved for Level of Care Indicated Refer to Area Designations Chart on last page			
		ICU	Stepdown	Gen Care	
Potassium Chloride (KCl)	Electrolyte	✓	✓	✓	<ul style="list-style-type: none"> • Not for IV Push • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients ○ MM SOP – Intravenous Potassium for Pediatric Patients
Procainamide (Procan)	Antiarrhythmic	✓	✓ See Restrictions		<ul style="list-style-type: none"> • In Stepdown areas, restricted to adult patients with no titration** of infusions • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Pediatric Patients
Prochlorperazine (Compazine)	Antiemetic	✓	✓	✓	
Promethazine (Phenergan)	Antiemetic	✓ See Restrictions	✓ See Restrictions	✓ See Restrictions	<ul style="list-style-type: none"> • For pediatric patients, restricted to central line and requires attending approval
Propofol (Diprivan)	Sedative	✓			<ul style="list-style-type: none"> • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ Procedural Sedation ○ MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging
Propranolol (Inderal)	Beta-blocker	✓			<ul style="list-style-type: none"> • Restricted to adult ICU patients
Protamine Sulfate	Antidote	✓	✓	✓	
Remifentanyl (Ultiva)	Opioid (C-II)	✓ See Restrictions			<ul style="list-style-type: none"> • For pediatric patients, infusions are restricted to 48 hours for brain injury patients. • Refer to the following policy/SOP documents: <ul style="list-style-type: none"> ○ High Alert Medications: Adult Patients ○ High Alert Medications: Pediatric Patients ○ Procedural Sedation ○ MM SOP – Minimal Sedation for Procedures and Diagnostic Imaging ○ MM SOP – Patient-Controlled Analgesia (PCA) and Continuous Controlled Substance Infusion: Administration and Management
Rituximab (Rituxan)	Monoclonal Antibody	✓	✓	✓	

MEDICATION	CATEGORY	APPROVED FOR			RESTRICTIONS
		✓ = Approved for Level of Care Indicated Refer to Area Designations Chart on last page			
		ICU	Stepdown	Gen Care	
Rocuronium (Zemuron)	Paralyzing Agent	✓			<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Sodium Bicarbonate	Electrolyte	✓	✓	✓	<ul style="list-style-type: none"> *Central Line Preferred
23.4% Sodium Chloride Undiluted concentration = 4 mEq/mL	Electrolyte	✓ See Restrictions			<ul style="list-style-type: none"> In VCH: <ul style="list-style-type: none"> Administered by syringe pump only In VUH: <ul style="list-style-type: none"> Administered by provider only Not for IV Infusion Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
3% Sodium Chloride	Electrolyte	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas, restricted to adult patients Not for IV Push *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
5% Sodium Chloride	Electrolyte	✓ See Restrictions			<ul style="list-style-type: none"> Restricted to Dialysis Unit use only by dialysis staff per dialysis order sets and nephrologist oversight Not for IV Push *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients
Succinylcholine (Anectine)	Paralyzing Agent	✓			<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Tacrolimus (Prograf)	Immunosuppressant	✓	✓	✓	

MEDICATION	CATEGORY	APPROVED FOR			RESTRICTIONS
		✓ = Approved for Level of Care Indicated Refer to Area Designations Chart on last page			
		ICU	Stepdown	Gen Care	
Vasopressin (Pitressin)	Vasoconstrictor	✓			<ul style="list-style-type: none"> *Central Line Preferred Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Pediatric Patients
Vecuronium (Norcuron)	Paralyzing Agent	✓			<ul style="list-style-type: none"> Refer to the following policy/SOP documents: <ul style="list-style-type: none"> High Alert Medications: Adult Patients High Alert Medications: Pediatric Patients
Verapamil (Isoptin, Calan)	Calcium Channel Blocker	✓	✓ See Restrictions		<ul style="list-style-type: none"> In Stepdown areas, restricted to adult patients as IV Push
Zolendronic Acid (Reclast or Zometa)	Bisphosphonate	✓	✓	✓	<ul style="list-style-type: none"> Non-formulary for Children's Hospital

Area Designations Chart			
(To be referenced in association with the VUMC Intravenous Medication Administration Chart)			
Unit/Area	ICU Designation	Step-Down Designation	General Care Designation
Monroe Carell Jr Children's Hospital at Vanderbilt			
Children's Hospital Outpatient Clinics (CHOC)			X
OR / HR / PACU	X		
Neonatal ICU (NICU)	X		
Pediatric Cardiology ICU (PCICU)	X		
Pediatric Cardiology Inpatient Unit (PCARD)		X	
Pediatric ICU (PICU)	X		
Pediatric Emergency (PED)	X		
Pediatric Hematology/Oncology (PHO)		X	
Pediatric Medicine Acute Care (PMAC)			X
Pediatric Surgery, Trauma, Adolescent Medicine (PSTAM)			X
VUH Newborn Nursery			X
VUH Stahlman NICU	X		
Vanderbilt Children's Surgery and Clinics (Murfreesboro)			
Children's Hospital Outpatient Clinics (CHOC)			X
OR / HR / PACU	X		
Vanderbilt Psychiatric Hospital			
ECT Suite	X		
All other areas			X
Vanderbilt University Hospital			
11N - Hematology/Oncology			X
11S – Burn Unit	X (beds 23-30)	X (all other beds)	
11C – COVID unit (temporary)			X
10T3 - Myelo Stem Cell		X	
10N - Trauma	X		
10S – Surgery Trauma		X	
9T3– Surgical ICU	X		
9N – Surgical Stepdown		X	
9S – Surgical Specialty Care			X
8T3 – Medical ICU	X		
8MCE - Medicine / Cardiac Stepdown	ICU level medications may be given to patients covered by ICU/Covid Team staff. Otherwise, patients are considered to be Step-Down		
8N – Medicine / Pulmonary Stepdown		X	
8S – Cardiac Stepdown		X	
7MCE – Cardiac Stepdown		X	
7T3 – Ortho/Ortho Trauma/Bariatrics -			X
7N – Cardiac Step Down		X	
7RW - Medicine			X
7S - Medicine Observation			X
7S - Dialysis	X		
6MCE – Transplant Medicine / Surgical Care		X	
6CCT – Neuro ICU / Stepdown	X (all other beds)	X (6642, 6644, 6646, 6648, 6649, 6651,	

Area Designations Chart

(To be referenced in association with the VUMC Intravenous Medication Administration Chart)

Unit/Area	ICU Designation	Step-Down Designation	General Care Designation
		6653, 6655, 6656, 6657, 6659, 6661)	
6RW – Medicine			X
6N – Neuroscience			X
6S – Spine			X
5CCT - Cardiac Cath Lab / Hybrid OR / EP Lab / PACU	X		
5CCT - HR /Cardiac Observation (COBS)		X	
5N – Cardiac ICU	X		
5RW – Palliative Care	ICU level medications may be given to patients covered by a Palliative Care attending. Otherwise, patients are considered to be General Care		
5S – Cardiac Stepdown		X	
4E – Maternal Special Care		X	
4E – Post Partum			X
4N – Labor and Delivery		X	
4RW – Medicine			X
4S – Women’s Surgery	X		
4S - Holding and Recovery		X	
3 MCE – OR / PreOP / Recovery			X
3RW - Medicine			X
2RW - Clinical Research Center		X	
Adult Emergency	X		
Adult Emergency C-POD	ICU level medications may be given to patients covered by ED/ICU level staff. Otherwise, patients are considered to be Step-Down		
OR / HR / PACU	X		
Transitional Care Unit (TCU)		X	
TVC OR	X		
Vanderbilt Medical Group - Any clinics not listed are considered to be general care designation			
Cool Springs Oncology Infusion			X
Cool Springs Rheum infusion			X
Med. Spec. Infusion (OHO)			X
Oncology Infusion			X
Peds Infusion			X
Stem Cell Infusion			X
VSAP			X
Clinic Procedure Suites			
5MCE-S ECHO/TEE	X		
Cosmetic Surgery	X		
Endoscopy Lab	X		
FEL	X		
Vanderbilt Bone and Joint Surgery Center	X		
Interventional Pain Clinic (OHO)	X		
MCE OR / HR / RR	X		
Oral Surgery	X		
Plastic Surgery	X		
Radiation Oncology		X	

Area Designations Chart

(To be referenced in association with the VUMC Intravenous Medication Administration Chart)

Unit/Area	ICU Designation	Step-Down Designation	General Care Designation
MOHS Dermatology (OHO)		X	
Urology		X	
Radiology Areas			
Computerized Tomography (CT Scan)			X
Diagnostics			X
Fluoroscopy			X
Interventional	X		
Magnetic Resonance Imaging (MRI)			X
Nuclear Medicine (Non-Stress)			X
Nuclear Medicine (Stress)	X		
Outpatient Recovery		X	
Peripherally Inserted Central Catheters (PICC)			X
Positron Emission Tomography (PET)			X
Ultrasound			X
Vanderbilt Imaging Services (OHO)			X