Neonatal Medicine Guideline

Vasopressin for neonates

BRIEF ADMINISTRATION GUIDE

For detailed information refer to <u>The Australasian Neonatal Medicines Formulary (ANMF) argipressin (vasopressin) guideline</u>

Note: Shaded text indicates where Health NZ Waikato practice differs from ANMF

Note: vasopressin is also known as argipressin

1. Medicine

1.1. Indications

- Refractory hypotension
- Refractory persistent pulmonary hypertension

Refer to the Australian National Medical Formulary if using for diabetes insipidus or gastrointestinal haemorrhage

1.2. Route and Presentation

Intravenous

- Supplied as vasopressin (argipressin) 20 units/1mL ampoule
 An unapproved medicine, available under Section 29 of the Medicines Act
 - o pH of vasopressin is 2.5 to 4.5

1.3. Dose

0.01 – 0.05 units/kg/hr (usual range). Maximum recommended 0.07 units/kg/hour

Start at 0.01 unit/kg/hour and titrate upward every 30-60 minutes by 0.01 unit/kg/hour until a clinically acceptable response is achieved.

2. Preparation and Administration

2.1. Compatible fluids

Sodium chloride 0.9%, glucose 5% (not tested with other fluids)

2.2. Administration Method

Continuous IV Infusion

• Select the standard concentration of vasopressin required based on the weight of the infant and in the context of any fluid restrictions, and prepare as per the table below:

Final Vasopressin Concentration	0.05 unit/mL	0.2 unit/mL	0.4 unit/mL	
Volume of vasopressin (20 unit/mL)	0.1 mL	0.4 mL	0.6 mL	
Volume of compatible fluid	39.9 mL	39.6 mL	29.4 mL	
Total volume	40 mL	40 mL	30 mL	

Administer by continuous intravenous infusion via a syringe driver, strongly recommended via a central line
 Note: Taper the infusion slowly when discontinuing treatment e.g. reduce dose by 0.01 unit/kg/hr every 2 – 3 hours

Rate (mL/hr) = $\frac{\text{Dose (units/kg/hour) x Weight (kg)}}{\text{Concentration (units/mL)}}$

2.3. Monitoring

- Continuous cardiac monitoring
- Injection site for signs of extravasation (is a vesicant)
- Fluid balance and electrolytes, especially sodium (vasopressin can cause hyponatraemia)

2.4. Storage and Stability

- Store ampoules in the fridge between 2 and 8° C and protect from light
- Discard any remaining solution in the ampoule
- Change infusion solution every 24 hours

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2.5. Competency for Administration

This procedure is carried out by, or under, the direct supervision of a registered nurse/registered midwife who holds current Health NZ Waikato Generic IV / Medicine Administration skills verification plus Guardrails competency as well as Neonatal specific competency NCV/NAC (if administering via CVAD).

2.6. Guardrails

Vasopressin is not currently Guardrail profiled on the CC syringe driver for NICU.

Infusions will need to be run as "mL/hr" until vasopressin is added (see calculation in section 2.2).

Associated Documents

- Congenital diaphragmatic hernia management in NICU. Waikato NICU procedure, reference 3127.
- Persistent Pulmonary Hypertension of the Newborn (PPHN), Management of. Waikato NICU guideline, reference 6503

4. References

- Australian Neonatal Medicines Formulary. Argipressin Drug Guideline. 2021. Available from: www.anmfonline.org/wpcontent/uploads/2021/06/argipressin-vasopressin-15042021-2.0.pdf
- Guidelines for the Use of Vasopressin in the NICU. Giesinger, R et al.
- Queensland Health Argipressin (vasopressin) clinical guideline. July 2022. Accessed via www.health.qld.gov.au/ data/assets/pdf file/0033/1165893/nmq-argipressin.pdf
- Phelps SJ, Hagemann TM, Lee KR, Thompson AJ. The Teddy Bear Book: Pediatric Injectable Drugs. 11th edition. American Society of Health-System Pharmacists; 2018.
- Canterbury DHB Neonatal Services. Vasopressin Drug Information Sheet. June 2022. Available from: http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/Neonatal-Clinical-Resources/Neonatal-Drug-Information-Sheets.
- Notes on Injectable Drugs. NZ Hospital Pharmacists' Association. Accessed via www.noids.nz/wpcontent/uploads/2020/11/Vasopressin-argipressin-S.pdf
- Australian Injectable Drugs Handbook 9th edition, 2023. Society of Hospital Pharmacists of Australia.

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Appendix A – Infusion tables to assist concentration selection

Table 1: Infusion rates when using vasopressin concentration **0.05 unit/mL** (most useful for babies <1kg)

Rate	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	
(mL/hr)											
Weight											
(kg)		Approximate units/kg/hour									
0.5	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.1	
1	0.005	0.01	0.015	0.02	0.025	0.03	0.035	0.04	0.045	0.05	

Note: Whilst outside the recommended concentration in references, this allows for appropriate dosing in tiny babies.

Table 2: Infusion rates when using vasopressin concentration **0.2 units/mL** (most useful for babies >1kg)

Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
Weight (kg)				Ар	proximate	units/kg/h	our			
1	0.02	0.04	0.06	0.08	0.1	0.12	0.14	0.16	0.18	0.2
1.5	0.013	0.027	0.04	0.053	0.067	0.08	0.093	0.107	0.12	0.133
2	0.01	0.02	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.1
2.5	0.008	0.016	0.024	0.032	0.04	0.048	0.056	0.064	0.072	0.08
3	0.007	0.013	0.02	0.027	0.033	0.04	0.047	0.053	0.060	0.067
3.5	0.006	0.011	0.017	0.023	0.029	0.034	0.04	0.046	0.051	0.057
4	0.005	0.01	0.015	0.02	0.025	0.03	0.035	0.04	0.045	0.05
4.5	0.004	0.009	0.013	0.018	0.022	0.027	0.031	0.036	0.04	0.044
5	0.004	0.008	0.012	0.016	0.02	0.024	0.028	0.032	0.036	0.04

Table 3: Infusion rates when using vasopressin concentration **0.4 units/mL** (most useful for babies >3kg)

Rate	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
(mL/hr)										
Weight	Weight Approximate units (Inc.)									
(kg)	Approximate units/kg/hour									
3	0.013	0.027	0.04	0.053	0.067	0.08	0.093	0.107	0.12	0.133
3.5	0.011	0.023	0.034	0.046	0.057	0.069	0.08	0.091	0.103	0.114
4	0.01	0.020	0.03	0.04	0.05	0.06	0.07	0.08	0.09	0.1
4.5	0.009	0.018	0.027	0.036	0.044	0.053	0.062	0.071	0.08	0.089
5	0.008	0.016	0.024	0.032	0.04	0.048	0.056	0.064	0.072	0.08