

DRUGS THAT CAN BE ADMINISTERED INTRAVENOUSLY ON GENERAL (ACUTE AND SUBACUTE) WARDS (ADULTS)

This list outlines drugs that may be given intravenously with an Acute or subacute ward nursing ratio with a Medical Officer available/contactable. The listing is alphabetical using generic names, with some drugs grouped into classes (antibiotics, antifungals and antivirals).

- All infusions are to be administered by volumetric pump or syringe pump.
- Follow BHS Drug Guidelines where they exist, or for drugs without a guideline check the Australian Injectable Drugs Handbook- current edition ('Yellow Book') for further information, including if any monitoring (e.g. blood pressure, for anaphylaxis) is required.
- All patients require monitoring for any adverse reaction (including extravasation) arising from the IV administration of any drug.

Whilst these drugs can be administered intravenously on the General Wards, Medical Staff may decide that monitoring (including telemetry or transfer to Critical Care) may be required depending on the condition of the patient.

Exclusions;

- MET calls, Code Blue and Obstetric Emergency

Drugs not listed;

- Chemotherapeutic drugs- contact Oncology for further information
- Radiology specific pharmaceuticals (e.g. contrasts) – contact Radiology for further information

<p>Acetazolamide</p> <p>Acetylcysteine - see CPG (Paracetamol poisoning)</p> <p>Agalsidase alfa, beta (Replagal®, Fabrazyme®) – contact Medical Day Unit or refer to patient specific guideline</p> <p>Albumin</p> <p>All antibiotics. Gentamicin - see Drug Guideline. Vancomycin- See Drug Guideline</p> <p>All antifungals</p> <p>All antivirals. Ganciclovir – requires cytotoxic precautions.</p> <p>Alteplase (for unblocking long term IV lines by RNs trained in its use).</p> <p>Artesunate</p> <p>Benzotropine -IM administration preferred</p> <p>Calcium folinate</p> <p>Calcium gluconate (infusion for <u>moderate</u> hypocalcaemia). See Drug Guideline – General Wards use. Use oral calcium where possible.</p> <p>Chlorpromazine (infusion)</p> <p>Clonazepam (anticonvulsant)-bolus maximum dose 1mg</p> <p>Clonidine (pain)- bolus maximum dose 50 micrograms</p> <p>Cyclizine</p> <p>Ciclosporin</p> <p>Danaparoid</p> <p>Diazepam (anticonvulsant)- bolus maximum dose 5mg</p> <p>Desferrioxamine</p> <p>Desmopressin</p> <p>Dexamethasone</p> <p>Digoxin – use oral unless urgent or impractical</p> <p>Droperidol (bolus for PONV – maximum dose 1.25mg.</p> <p>Erythropoietin stimulating agents (all)</p> <p>Ethanol (dehydrated)</p> <p>Fat emulsion (Intralipid®)</p>	<p>Fentanyl (infusion) - according to Intravenous Analgesic Infusions CPP</p> <p>Flumazenil (bolus)</p> <p>Folic Acid</p> <p>Furosemide (Frusemide)</p> <p>Galsulfase (Naglazyme®) - see Medical day Unit for guideline.</p> <p>Glucagon (bolus)</p> <p>Glucose 50% (bolus)</p> <p>Glyceril trinitrate – 4N only. Requires telemetry. Max rate 40 microgram/min - see Drug Guideline</p> <p>Granisetron</p> <p>Heparin - See Drug Guideline</p> <p>Hydrocortisone</p> <p>Hyoscine butylbromide (Buscopan®)</p> <p>Infliximab (Remicade®) - see Medical Day Unit for guideline.</p> <p>Insulin (bolus) for the treatment of hyperkalaemia as per CPP.</p> <p>Intravenous immunoglobulins-See CPP</p> <p>Iron carboxymaltose – See CPG</p> <p>Iron polymaltose complex -See CPG. Medical Officer to remain with patient for first 5 minutes</p> <p>Iron sucrose</p> <p>Ketamine - See Drug Guideline</p> <p>Ketorolac</p> <p>Levetiracetam</p> <p>Magnesium sulphate pentahydrate (infusion for moderate hypomagnesaemia). See Drug Guideline – General Wards use. Use oral where possible.</p> <p>Mannitol – as a pre-medication for cisplatin therapy</p> <p>Mesna -4S only</p> <p>Methylprednisolone sodium succinate (<u>not</u> acetate)</p> <p>Metoclopramide</p> <p>Midazolam (bolus) (anticonvulsant) bolus maximum dose 2mg, (sedation in CDU) see below table ONE</p> <p>Morphine (infusion) - according to Intravenous Analgesic Infusions CPP.</p>	<p>Multivitamin (Cernevite®)</p> <p>Naloxone (bolus only)</p> <p>Natalizumab (Tysabri®). - see Medical Day Unit for guideline</p> <p>Octreotide (short acting only)</p> <p>Ondansetron</p> <p>Oxytocin (infusion) -See CPP</p> <p>Paracetamol</p> <p>Parecoxib –Peri-operative use only</p> <p>Palonosetron</p> <p>Pamidronate disodium</p> <p>Pantoprazole</p> <p>Phenytoin– use oral unless urgent or impractical. Slow IV only at a rate not exceeding 50mg/min (undiluted, not for infusion)</p> <p>Phytomenadione (Vitamin K)</p> <p>Potassium chloride See Drug Guideline – General Wards use. Use oral where possible. Premixed bags only</p> <p>Potassium Dihydrogen Phosphate and Dipotassium Hydrogen Phosphate Concentrated Injection (note contains 25mmol of potassium per ampoule)</p> <p>Prochlorperazine-IM preferred</p> <p>Prothrombin complex (Prothrombinex-VF®) - see Drug Guideline.</p> <p>Pyridoxine</p> <p>Ranitidine</p> <p>Rasburicase- 4S only.</p> <p>Rituximab- See Drug Guideline</p> <p>Salcatonin</p> <p>Sodium bicarbonate (infusion). Must be diluted</p> <p>Sodium phosphate and potassium phosphate (infusion for moderate hypophosphataemia). See Drug Guideline – General Wards use. Use oral where possible.</p> <p>Sodium thiosulfate*</p> <p>Terlipressin</p> <p>Thiamine</p> <p>Total parenteral nutrition (TPN)</p> <p>Tramadol</p> <p>Tranexamic acid (infusion)</p> <p>Valproate (sodium)</p> <p>Vedolizumab</p> <p>Zoledronic acid</p>
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*Condition of the patient would usually mean drug administered in Critical Care Areas

TABLE ONE: Midazolam for sedation in Chemotherapy Day unit

Patient	Initial Dose	Subsequent dose titrated as per patient response	Maximum Dose
No comorbidities Less than 60 years of age	1mg	1mg after waiting 1-2 minutes	5mg
Greater than 60 years of age Presence of comorbid conditions (cardiac, respiratory, renal or hepatic)	0.5mg	0.5mg after waiting 3-4 minutes	3.5mg

All patients must be given supplemental oxygen via nasal prongs or Hudson masks and saturation monitoring should be used for patients receiving IV sedation