

Noradrenaline & Adrenaline Syringe Change (double-pumping) Guideline

Guideline

Rationale

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| 1. Choose dedicated central access and compatible drug combination | To reduce the risk of accidental administration vasoactive drug |
| 2. Select a syringe driver with the adult ICUs drug library | These devices will incorporate appropriate software |
| 3. Ensure the syringe drivers are located together (one above the other) | To encourage safe monitoring during syringe changes |
| 4. A syringe change is recommended when there is at least 1hr or 5ml (whichever is more) remaining | To ensure that the change occurs prior to drug running out |
| 5. Run both syringe drivers together at full rate until a rise in systolic BP >5mmHg is seen. Then stop and switch off the near-empty infusion. | To minimise pressure variations while mechanical slack overcome |
| 6. Post infusion change, ensure that the near empty infusion line is clamped/ occluded and replace the syringe +/- line.change. | To prevent accidental bolus or backflow during syringe |
| 7. Unclamp the waiting infusion line as soon as the syringe has been replaced. | To encourage safe practice and allow ease of next syringe change. |

Do not bolus inotropes!

If the patient becomes hypotensive during a syringe change the recommended practice is to increase the infusion rate until the patients blood pressure stabilizes. The practice of administering a bolus during a syringe change is not recommended as this may further compromise blood pressure. If blood pressure does not respond, please seek medical assistance.