# Vasopressin (Arqipressin)

## For use in critical care areas for adults only
## Administer via central line only

- Vasopressin is **not** recommended as a first line agent but may be considered as supportive therapy for patients with severe vasodilatory shock. This includes patients with severe SIRS response or septic shock. Typically patients will have a vasopressor requirement of >0.5micrograms/kg/min of noradrenaline.
- Argipressin is a pharmaceutical analogue of vasopressin

### Administration

- Dilute two x 1ml ampoules (40 units) to 40mls with glucose 5% to give a 1unit/ml solution.

### Dose

- Vasopressin should be infused continuously at a rate of 0.01 - 0.03 units per minute (0.6 to 1.8 units per hour).
- Start infusion at 0.6mls/hour (0.6 units per hour) and increase in increments on 0.6mls/hour every 30 minutes to a maximum of 1.8 mls/hour
- If noradrenaline requirement fall below 0.5micrograms/kg/min the vasopressin infusion may be reduced to 0.02 units per min (1.2 units per hour)
- At a noradrenaline infusion rate of <0.25 micrograms/kg/min the vasopressin infusion should be stopped

### Adverse effects

- Doses of 4 units per hour or more have been associated with severe cardiac and splanchnic ischaemic events
- Skin lesions, particularly in the extremities, may occur in ~ 30% of patients treated for vasodilatory shock.
- GI ischaemia can occur at doses of 4-6 units per hour.

### Stability

- Syringe should be changed every 24 hours
- Syringe may be made in advance if circumstances require this
- The nurse who has prepared the syringe must administer it
- A syringe should be made up a maximum of 1 hour in advance

**References**

Dellinger et al. Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock. Critical Care Medicine 2013 Vol 41 (2)
Dunser et al. Arginine vasopressin in advanced vasodilatory shock: A prospective, randomised, controlled study. Circulation 2003; Vol 107: 2313-9
Dunser et al. Management of vasopdilatory shock – Defining the role of arginine vasopressin. Drugs 2003; 63(3) 237-256

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| Written by: Rhona Wilson | Date written: February 2013 |
| Checked by: Mairi Mascarenhas | Review: February 2015 |
| Checked by. Chic Lee | |

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