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|  Shared health Soins communs Manitoba | M32- PHENYLEPHRINE (NEO-SYNEPHRINE) | |
| | Version date: 2025-02-13 | Effective date: 2025-04-30 (07:00) |
| ERS HIGH-ALERT MEDICATION (A03) | | |

| INDICATIONS |
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| <ul style="list-style-type: none"> • Push-dose pressor support (table A) • Alternative vasopressor for septic shock or undifferentiated shock (table B) • Alternative vasopressor for and cardiogenic shock (table C) |

| WARNINGS |
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| <p>USE WITH CAUTION:</p> <ul style="list-style-type: none"> • For preparation instructions refer to H10 (DOUBLE-CHECK DILUTION CALCULATIONS) <p>ABSOLUTE CONTRAINDICATIONS:</p> <ul style="list-style-type: none"> • Hypersensitivity to phenylephrine • Uncorrected hypovolemia ¹ |

| TABLE A: PUSH-DOSE PRESSOR SUPPORT ² | |
|---|-----|
| INTRAVENOUS (INTRAOSSEOUS) INJECTION | ACP |
| <p><u>NOTE</u>: REFER TO H10 FOR THE CORRECT DILUTION</p> <p>ALL AGES:</p> <ul style="list-style-type: none"> • Administer 50 to 100 mcg (0.5 to 1 ml) by slow push over 1 to 2 minutes • Repeat every 3 to 5 minutes as required • If ongoing blood pressure support is required, transition to a continuous vasopressor infusion as soon as possible | |

| TABLE B: SEPTIC SHOCK / UNDIFFERENTIATED SHOCK | |
|---|-----|
| INTRAVENOUS (INTRAOSSEOUS) INFUSION | ACP |
| <p><u>NOTE</u>: REFER TO H10 FOR THE CORRECT DILUTION</p> <p>ALL AGES:</p> <ul style="list-style-type: none"> • Initiate a continuous infusion at 0.5 to 2 mcg/kg/min • Titrate in increments of 0.5 mcg/kg/min every 2 to 3 minutes to the target mean arterial pressure (maximum infusion rate = 10 mcg/kg/min) | |

TABLE C: CARDIOGENIC SHOCK

| INTRAVENOUS (INTRAOSSEOUS) INFUSION | ACP |
|---|-----|
| <p>ALL AGES:</p> <ul style="list-style-type: none"> Initiate a continuous infusion at 0.1 mcg/kg/min Titrate in increments of 0.1 mcg/kg/min every 2 to 3 minutes to the target mean arterial pressure (maximum infusion rate = 5 to 10 mcg/kg/min) | |



NOTES

1. In septic or undifferentiated shock, phenylephrine may worsen perfusion if any volume deficit is not first corrected.
2. The safest way to administer a vasopressor is by continuous infusion, but establishing an infusion takes time. A critically low mean arterial pressure (MAP) may be the final step before cardiovascular collapse and cardiac arrest, so rapid intervention is required. Bolus administration of phenylephrine has been shown to be a safe and effective temporizing measure for immediate BP control in adults with shock. Its safety in infants and children is uncertain.
3. When diluting phenylephrine, the syringe must be clearly labelled with the final concentration.

LINKS

- A03 - High Alert Medications
- C07.1 - Undifferentiated Shock
- C07.3 - Cardiogenic Shock
- C07.4 - Septic Shock
- H10 - ERS Medications Formulary

APPROVED BY

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|  |  |
| EMS Medical Director | EMS Associate Medical Director |

VERSION CHANGES (refer to X08 for change tracking)

- New