	M32- PHENYLEPHRINE (NEO-SYNEPHRINE)	
	Version date: 2025-11-20	EFFECTIVE DATE: 2026-01-06 (07:00)
ERS HIGH-ALERT MEDICATION (A03)		

INDICATIONS
<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 cardiogenic shock (table C)

WARNINGS
<p>A phenylephrine infusion must be administered by pump. Do not administer by gravity drip under any circumstances.</p> <p style="text-align: center;">Refer to H11 for information regarding concentrations & dilutions.</p>
<p>USE WITH CAUTION:</p> <ul style="list-style-type: none"> • Uncorrected hypovolemia ¹ <p>ABSOLUTE CONTRAINDICATIONS:</p> <ul style="list-style-type: none"> • Hypersensitivity to phenylephrine



TABLE A: PUSH-DOSE PRESSOR SUPPORT ²	
INTRAVENOUS (INTRAOSSEOUS) INJECTION	ACP
<p>ALL AGES:</p> <ul style="list-style-type: none"> • 50 to 100 mcg • Slow push over 1 to 2 minutes • Repeat every 3 to 5 minutes as required 	

TABLE B: SEPTIC SHOCK / UNDIFFERENTIATED SHOCK ¹	
INTRAVENOUS (INTRAOSSEOUS) INFUSION	ACP
<p>ALL AGES:</p> <ul style="list-style-type: none"> • Begin at 0.5 mcg/kg/min • Titrate in increments of 0.5 mcg/kg/min every 2 to 3 minutes as required • Usual dose range = 0.25 to 5 mcg/kg/min 	

TABLE C: CARADIOGENIC SHOCK	
INTRAVENOUS (INTRAOSSEOUS) INFUSION	ACP
<p>ADULTS:</p> <ul style="list-style-type: none"> • Begin at 0.5 mcg/kg/min • Titrate in increments of 0.5 mcg/kg/min every 2 to 3 minutes as required • Usual dose range = 0.1 to 10 mcg/kg/min 	

NOTES
<ol style="list-style-type: none"> 1. In septic or undifferentiated shock, phenylephrine may worsen tissue perfusion if any volume deficit is not first corrected by “squeezing” the undepleted circulation. 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 (push-dose pressor support) 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). If ongoing blood pressure support is required, transition to a continuous infusion as soon as possible. 3. The syringe / bag must be clearly labelled with the final concentration of phenylephrine to avoid medication error.

LINKS
<ul style="list-style-type: none"> • A03 - High Alert Medications • C07.1 - Undifferentiated Shock • C07.3 - Cardiogenic Shock • C07.4 - Septic Shock • H11 – ACP Medication Formulary

APPROVED BY	
	
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VERSION CHANGES (refer to X08 for change tracking)

- Cardiogenic shock dosing for adults only
- Warning that phenylephrine infusion can only be administered by pump