

Medication Update: IV Pump Updates

Why, How, What, & Who



❖ “Why” behind the “what” of the topic being presented?

- Standardizing IV pumps across a healthcare system significantly benefits patient safety by:
 - Reducing medication errors
 - Improving accuracy in drug delivery
 - Streamlining workflows
 - Data & training consistency
 - Enabling better monitoring of infusions



❖ What actions are you asking the audience to take?

- Identify Pump Management Members to coordinate pump swaps
 - Biomed → round up pumps using Encompass
 - Nursing → ensure patients are transitioned to updated library
 - Pharmacy → ensure all facility pumps have successfully been updated
- Education related to IV pump product selection, workflow changes, and expected practices should be provided to all clinical team members involved in using IV pumps



❖ How will this impact the audience?

- Within HCA, both weight based (mcg/kg/min) & non-weight based (mcg/min, units/hr) dosing strategies are available for several high risk continuous infusions
- EPINEPHrine, NORepinephrine, & PHENylephrine infusions will be infused in mcg/kg/min
- Insulin and Heparin infusions will be infused at Units/kg/hr
- Concentration changes for the following Adult infusions:
 - EPINEPHrine 20mcg/mL & 40mcg/mL
 - NORepinephrine 16mcg/mL & 64mcg/mL
 - PHENylephrine 200mcg/mL & 400mcg/mL
 - Heparin 100 units/mL



❖ Who is the point of contact at corporate?

- Division Director of Pharmacy Diana Elzind
- Facility Clinical Pharmacy Managers