

reduces mean arterial B/P by decreasing systemic vascular resistance

**USES:** Reduction of B/P when oral therapy is not feasible

**CONTRAINDICATIONS:** Hypersensitivity to this product, eggs, soya lecithin; defective lipid metabolism; severe aortic stenosis, pancreatitis

**Precautions:** Pregnancy, labor, breastfeeding, children <18 yr, heart failure, hyperlipidemia, chronic hypertension, pheochromocytoma

### DOSAGE AND ROUTES

• **Adult:** **CONT IV** 1-2 mg/hr; dose may be doubled q90sec initially; as B/P reaches goal, adjust dose less frequently (q5-10min) with smaller increases in dose; most patients require 4-6 mg/hr, max 32 mg/hr; no more than 1000 mL should be infused per 24-hr period due to lipid load restrictions

**Available forms:** Single-dose vial 50, 100 mL (0.5 mg/mL)

**Administer:**

**Intermittent IV INFUSION route**

- Do not give through same line as other medications; do not dilute, do not filter
- Gently invert several times before use; do not use if discolored or if particulate matter is present
- Give through central or peripheral line at 1-2 mg/hr; use infusion device
- Store vials in refrigerator; do not freeze; leave vials in carton until use; product is photosensitive, but protection from light during administration is not required

**Solution compatibilities:** water for injection, 0.9% NaCl, D<sub>5</sub>W/0.9% NaCl, D<sub>5</sub>/LR, LR, 10% amino acid

### SIDE EFFECTS

**CNS:** Headache

**CV:** Reflex tachycardia, hypotension, rebound hypertension, atrial fibrillation

**GI:** Nausea, vomiting

**MS:** Arthralgia

**GU:** Acute renal failure

### PHARMACOKINETICS

Onset 2-4 min; half-life initially 1 min, terminal 15 min; metabolized via esterases in blood, extravascular tissues; excreted in urine 63%-74%, feces 7%-22%; protein binding >99%

### NURSING CONSIDERATIONS

**Assess:**

• **Cardiac status:** B/P, pulse, respiration, ECG; some patients have developed severe angina, acute MI after calcium channel blockers if obstructive CAD is severe; if not transitioned to other antihypertensive therapies after clevidipine infusion, patients should be monitored ≥8 hr for rebound hypertension; monitor for rebound hypertension after product stoppage

• **Pregnancy/breastfeeding:** no well-controlled studies; use in pregnancy only if benefits outweigh fetal risk; excretion is unknown, use cautiously in breastfeeding

**Evaluate:**

• Therapeutic response: decreased B/P

**Teach patient/family:**

- To notify prescriber immediately if neurologic symptoms, visual changes, or symptoms of HF occur
- To inform the patient of reason for product, expected result
- To continue follow-up for hypertension in patients with hypertension
- To notify prescriber if pregnancy is planned or suspected, or if breastfeeding

### clindamycin (Rx)

(klin-da-my'sin)

Cleocin, Cleocin T, Clinda-Derm, Clinda-T ❄️, Clindagel, Clindesse, Clindets, Dalacin T ❄️, Evolin, Dalacin C ❄️

*Func. class.:* Antiinfective—miscellaneous

*Chem. class.:* Lincomycin derivative

**ACTION:** Binds to 50S subunit of bacterial ribosomes, suppresses protein synthesis