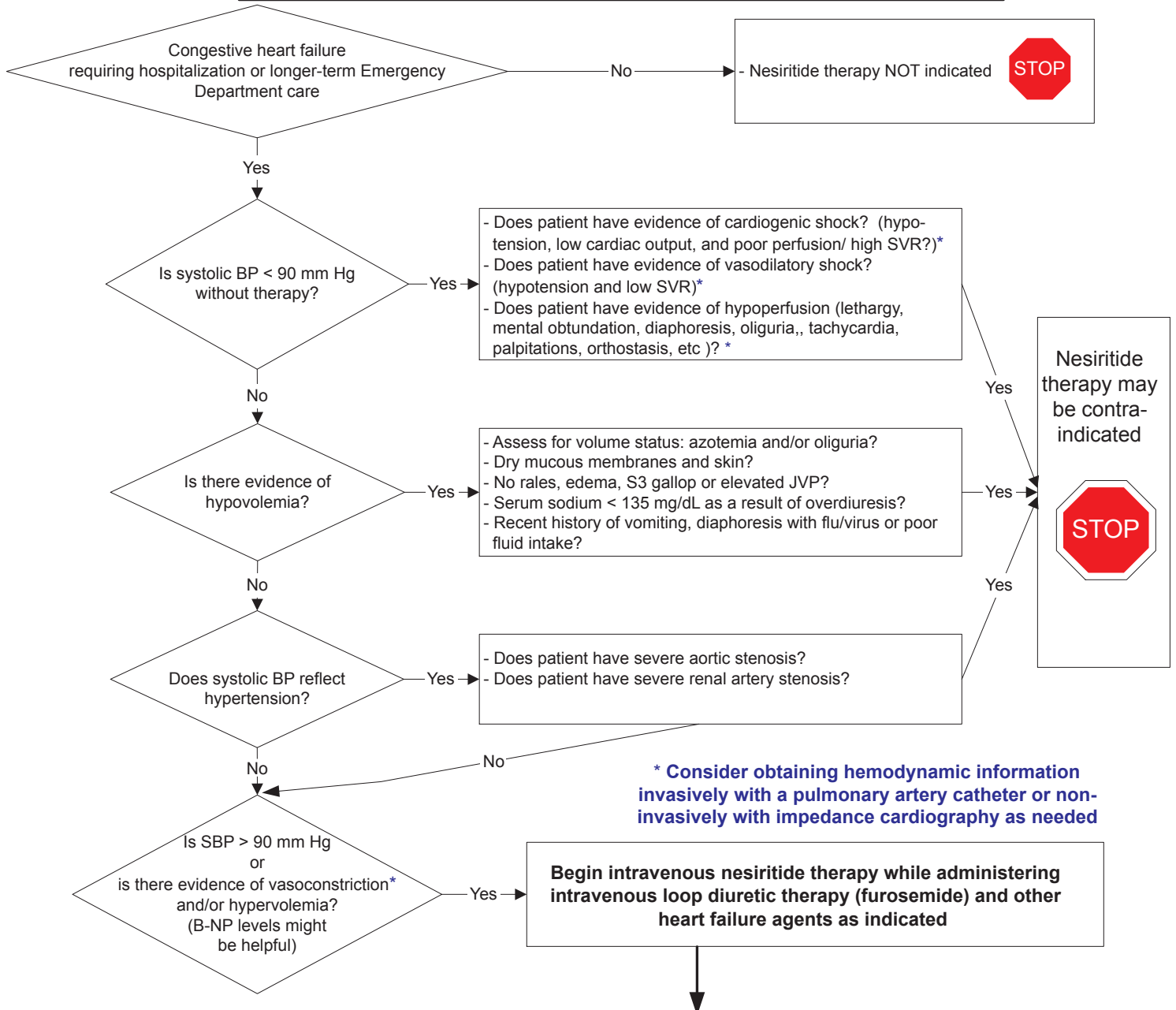


HF DISEASE MANAGEMENT

INTRAVENOUS NESIRITIDE (Natreacor®) THERAPY ALGORITHM



If symptomatic hypervolemia and/or vasoconstricted state present:

- Bolus with 2 mcg/kg IV over a 1 minute period, then begin continuous infusion (1.5 mg in 250 cc solution) at 0.01 mcg/kg/minute
 - Give through non-heparin coated catheter
 - Do NOT administer concomitantly through the same IV site with heparin, ethacrynate sodium, bumetanide, enalaprilat, hydralazine or furosemide

Intravenous loop diuretic (furosemide) dosing while initiating nesiritide

- 1st dose of IV furosemide therapy should equal total oral daily dose up to 180 mg → Assess response in 4 hours.

- If urine output > 1000 cc with normal renal function or > 500 cc with renal insufficiency, monitor urine output and administer 2nd dose of furosemide as needed to decrease hypervolemic state

- If urine output < 1000 cc with normal renal function or < 500 cc with renal insufficiency, administer 2nd dose of furosemide, dosage to equal 2x the 1st dose (up to 360 mg). **Assess response in 2 hours.**

Assess response to therapy: are symptoms of hypervolemia improved? Is vasoconstriction and/or hypertension less pronounced? Is diuresis adequate? **Note: see side 2 for routine patient monitoring**

If adequate response to therapy after 3 hours of infusion, continue infusion at 0.01 mcg/kg/minute for up to 48 hours

If inadequate response: see side 2 for incremental dose adjustment