

## Intravenous nesiritide (Natrecor®) Incremental Dose Schedule

Initial dose	Increments	Interval before up-titration	Maximum continuous dosage
0.01 mcg/kg/minute	1 mcg/kg IV bolus over 1 minute + 0.005 mcg/kg/minute	Initially: 3 hours Thereafter: every hour, as needed	0.03 mcg/kg/minute
<b>Note: before considering up-titration of nesiritide:</b> <ol style="list-style-type: none"> <li>Assess serum sodium level. If &lt;130 mg/dL, may reflect need for RAAS activation to maintain BP. Uptitration of infusion may cause symptomatic hypotension.</li> <li>Assess for pre-renal azotemia; (may be due to overdiuresis). Assess fluid status before up-titration.</li> </ol>			
<b>Notes:</b> <ol style="list-style-type: none"> <li>Patient may remain on oral ACE-I, digoxin and beta-blocker therapy while continuous intravenous nesiritide is infusing</li> <li>Do not begin beta-blocker therapy until euvolemic</li> <li>Consider transfer to heart failure ICU and continuous hemodynamic monitoring if patient not improved at 24-48 hours.</li> </ol>			

### Routine Monitoring:

- Monitor BP when intravenous nesiritide is infusing. One suggested schedule:
  - Record BP q 30 minutes x 4 (2 hours).
  - Record BP every 4 hours subsequently.
- If systolic BP < 90 mm Hg, notify physician.
- If patient develops signs of orthostatic hypotension (dizziness and lightheadedness when going from a lying to a sitting or standing position), notify physician.
- If urine output drops to the equivalent of < 50 ml/hr in the 1st 8 hours after starting infusion, notify physician.
- Patient may develop a headache. Treat with acetaminophen, as necessary.
- Before hanging a new "bag" (generally every 24 hours), assess volume status carefully to ensure infusion should be continued. Generally, infusion is maintained for 24-48 hours, as needed.

### Treatment considerations when hypotension/orthostasis occurs with nesiritide therapy:

