## Methylene Blue for Distributive Shock [3438]

Ordering Restrictions for Distributive Shock Treatment:

- 1. Intravenous methylene blue is restricted to critical care, anesthesiology, and cardiology service lines only
- 2. Intravenous methylene blue is to be infused in ICU, OR/PACU, and ED areas only
- 3. Central IV access and continuous invasive blood pressure monitoring are required during administration
- 4. Intravenous methylene blue is contraindicated in pregnant women (pregnancy category X)
- 5. Intravenous methylene blue is contraindicated with other serotonergic medications (potent MAOI)

#### Monitoring:

Methemoglobin blood levels are recommended daily if therapy is to continue beyond 24 hours

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## Nursing

Methemoglobulin level

] Methemoglobin

STAT For 1 Occurrences

### IV

#### Medications

Methylene Blue 1% is the preferred pharmacy product, use methylene blue 0.5% only if 1% unavailable

### **Medications (Single Response)**

( ) Methylene Blue 1%	
[] Bolus Dosing (Actual Body Weight) (Single Response)	
Rounded to nearest 10 mg increment.	
() methylene blue 1 % in dextrose 5 % (D5W) IVPB	intravenous, for 15 Minutes, once, For 1 Doses
( ) The try lette blue 1 /0 in dextresse 6 /0 (bevv) 1 vi b	RESTRICTED to Cardiology, Anesthesiology and Critical Care Services
	specialists. Are you a Cardiology, Anesthesiology or Critical Care Services
	specialist or ordering on behalf of one?
	if (answer = I am ordering on behalf of an approved provider)
	Name of Approved Provider:
	if (answer = NO)
	HM Policy Alert:
	if (answer = Formulary policy override (pharmacist use only))
	Provide name of secondary pharmacist who provided authorization and
	open a "Formulary Policy Override" i-Vent:
	RESTRICTED to infusion in ICU, OR/PACU, and ED area ONLY. I am
	infusing this medication in the following department:

Continuous Infusion (Actual Body Weight) (Single Response)

() methylene blue 1% in dextrose 5 % (D5W) IVPB	0.5 mg/kg/hr, intravenous, continuous RESTRICTED to Cardiology, Anesthesiology and Critical Care Services specialists. Are you a Cardiology, Anesthesiology or Critical Care Services specialist or ordering on behalf of one? if (answer = I am ordering on behalf of an approved provider) Name of Approved Provider: if (answer = NO) HM Policy Alert: if (answer = Formulary policy override (pharmacist use only)) Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent: RESTRICTED to infusion in ICU, OR/PACU, and ED area ONLY. I am infusing this medication in the following department:
( ) Methylene Blue 0.5%	<u> </u>
[] Bolus Dosing (Actual Body Weight) (Single Response)	
Rounded to nearest 10 mg increment	
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# VTE

## Labs

Cardiology
Diagnostic Imaging
Other Diagnostic Studies
Respiratory
Rehab
Consults