

- **Baseline serum sodium** (do not repeat if already done within previous 4 hours)
- **Serum sodium q6 hours** for the first 24 hours then as per the nephrologist
- **Fluid restriction:** Limit fluids to \_\_\_\_\_ mL daily  
Monitor and record strict I&O's
- **Large vein, dedicated IV access required.**  Midline  PICC  Central line  
IV access  available now  pending (call Pharmacy when established - limited drug stability)
- **Loading dose:**  Conivaptan 20mg/100mL D5W IV x 1 (give over 30 minutes), then begin.....
- **Infusion:**  Conivaptan 20mg/250mL D5W IV at 10.4 mL/hour x 24 hours only  
If renal or hepatic impairment present, consider reduced dosage:  
 Conivaptan \_\_\_\_\_ mg/250mL D5W IV at 10.4 mL/hour x 24 hours only

**Duration:** After evaluation of initial response to conivaptan, nephrologist may choose to continue infusion for up to an additional 3 days (maximum: 4 days total)

- If hypotension occurs (BP less than \_\_\_\_/\_\_\_\_ mmHg), hold conivaptan and call the physician
- Monitor infusion site for erythema (most common adverse reaction is infusion site reactions)
- Use diluted solution immediately & complete administration within 24 hours of mixing

**Rate of Correction of Hyponatremia**

Osmotic demyelination may occur if the rate of sodium correction exceeds 10-12 mEq/L in the first 24 hours or 18 mEq/L in the first 48 hours. In symptomatic hyponatremia, the targeted rate of correction should not exceed 8 mEq/L per 24 hour period.

- Discontinue conivaptan if serum sodium is greater than \_\_\_\_\_ mEq/L after the first 24 hours

**Drug interactions: Concomitant use of the following medications is contraindicated!**

**Physicians – circle contraindicated medications below that are to be put on hold:**

- |                  |                |               |
|------------------|----------------|---------------|
| • Amlodipine     | • Indinavir    | • Midazolam   |
| • Clarithromycin | • Itraconazole | • Ritonavir   |
| • Digoxin        | • Ketoconazole | • Simvastatin |

Other CYP3A4 Inhibitors & Inducers\* that may lead to drug interactions

Aminoglutethimide*	Diclofenac	Miconazole	Propofol
Amiodarone	Diltiazem	Nafcillin*	Quinidine
Amprenavir	Doxycycline	Nefazodone	Rifabutin*
Aprepitant	Erythromycin	Nelfinavir	Rifampin*
Atazanavir	Fosamprenavir	Nevirapine*	Rifapentine*
Carbamazepine*	Fosphenytoin*	Nicardipine	Saquinavir
Cimetidine	Fluconazole	Oxcarbazepine*	Sertraline
Clotrimazole	Haloperidol	Pentobarbital*	Tetracycline
Cyclosporine	Imatinib	Phenobarbital*	Troleandomycin
Delavirdine	Isoniazid	Phenytoin*	Valproic acid
Desipramine	Metronidazole	Primidone*	Verapamil

**Date/Time** \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

