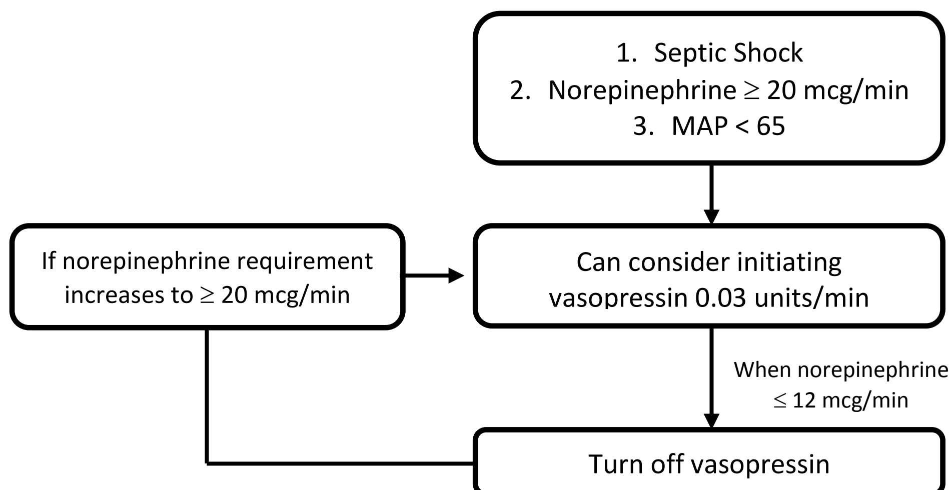
VANDERBILT UNIVERSITY
MEDICAL CENTER
DIVISION OF TRAUMA & SURGICAL CRITICAL CARE

Trauma Vasopressin Prescribing Guidelines

Background:

Given the rising cost of vasopressin, the evidence behind its use has been critically evaluated to develop guidelines for prescribing. Overall, the VASST study did not show a difference in mortality when vasopressin was added to norepinephrine in septic shock. While the VASST study did provide a trend toward improved outcomes with vasopressin in patients with less severe sepsis, it does not provide strong data to support using vasopressin at low doses of norepinephrine. As a result, we reserve the use of vasopressin to more refractory clinical conditions.

Below are the prescribing guidelines for vasopressin on the trauma service:



**After 2 failed attempts to discontinue vasopressin, may continue vasopressin along with norepinephrine

- **NOT FOR USE** in patients with hemorrhagic or neurogenic shock.
- Do **NOT** use vasopressin to reach MAP goals for spinal cord injuries.
- Do **NOT** run vasopressin as the only vasopressor.

References:

1. Russell JA, Walley KR, Singer J, et al. Vasopressin versus norepinephrine infusion in patients with septic shock. *N Engl J Med.* 2008;358:877-87.
2. Dellinger RP, Levy MM, Rhodes A, et al. Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012. *Crit Care Med*. 2013; 41(2): 580-637.
3. Wu JY, Stollings JL, Wheeler AP, Semler MW, Rice TW. Efficacy and Outcomes After Vasopressin Guideline Implementation in Septic Shock. *Ann Pharmacother*. 2016; published ahead of print.