



Vasopressin 20 units/mL Injectable

The issue: Vasopressin 20 units/mL X 1 mL and 5 mL vials are in critically short supply from the only manufacturer due to a shortage of the active pharmaceutical ingredient (API).

NH stock status: NH has approximately 4 to 6 weeks of remaining supply; however, due to the API shortage, new inventory is not expected for release until December. Note: NH will be sequestering some inventory for organ donor management.

Anticipated availability: December 2020.

Practice Implications:

- ****NEW**:** In order to reduce waste, continuous IV infusions should be mixed in the standard infusion concentration of **0.2 units/mL** (1 mL of vasopressin 20 units/mL added to 100 mL D5W or NS). See [NH adult parenteral drug administration manual](#) and [IV Infusion Chart](#) for additional information.
- Clinicians should be aware of the critical supply status of vasopressin and consider alternatives where possible to conserve existing supply.
- Clinicians should always use first line agents for applicable indications (e.g. diabetes insipidus and variceal hemorrhage) before considering vasopressin second line.

Alternatives*:

Clinical Situation	Potential Alternatives
Distributive Shock	<ul style="list-style-type: none"> • norepinephrine • EPINEPHrine • phenylephrine • DOPamine
Organ Donor Management Protocols <ul style="list-style-type: none"> ▪ NDD = neurological determination of death ▪ DCD = donation after circulatory death 	<ul style="list-style-type: none"> • vasopressin (first line) • second line alternatives available under <i>Organ Donation Resources</i> located at www.transplant.bc.ca/health-professionals

October 16, 2020 For the information of physicians, nurses, and pharmacists. PLEASE POST	Drug Shortage	✓	For further information contact: Jessica Brecknock or Ryan Doerksen Medication Use Management Pharmacists mumpharmacist@northernhealth.ca
	Drug Discontinuation		
	Medication Change		
	Best Practice		

*Alternatives are provided for clinician information and may not be appropriate for all clinical situations. The information provided does not replace clinical judgment.