Vasopressors

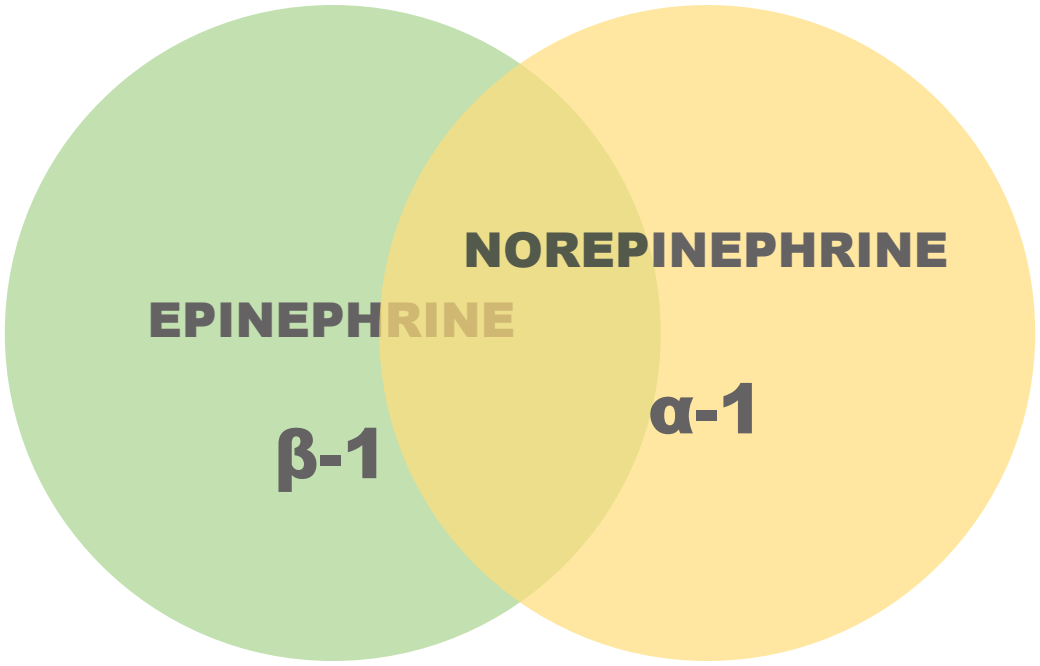
Indication: Patients who require vasoactive support due to hypotension (MAP < 65mmHg) **AND** have signs of end-organ dysfunction (e.g. altered mental status, anuria) **AND** are refractory to fluid bolus.

General Considerations:

- Please refer to **Mixing of Vasopressors** for instructions on preparing the drugs.
- All vasopressors have potential to cause **tissue necrosis if they extravasate**. Check all peripheral lines for patency before infusing a vasopressor through them and periodically assess the site during administration.
- The **use of medication pumps** for accurate dosing is recommended with continuous vasopressor infusions.

EPINEPHRINE
+++ Chronotropy
+++ Inotropy
++ Vasoconstriction

Greater arrhythmogenicity than norepinephrine.



NOREPINEPHRINE
++ Chronotropy
++ Inotropy
+++ Vasoconstriction

Must be administered by continuous IV infusion.

NOTE: *Vasopressors lose their receptor selectivity at high dosages.*

1 FILL THE TANK
Unless there are contraindications to fluid administration, it is recommended that a fluid bolus of **at least** 1000mL be rapidly infused prior to starting pressors.

2 TITRATE TO EFFECT
Vasopressor infusions should be started at a low dose and increased to desired effect.

Intravenous vasopressors have a rapid onset of action. It is reasonable to adjust dosing every 60 seconds.

REFRACTORY TO VASOPRESSORS?

CONSIDER CAUSES OF ACIDEMIA
NOTE: *$EtCO_2$<25mmHg associated with acidemia.*

Assess adequacy of respiratory compensation and assist if necessary.

Consider MCEP consultation for sodium bicarbonate.

HISTORY OF ADRENAL INSUFFICIENCY OR CHRONIC (DAILY) STEROID USE?

If family has access to stress-dose steroids (e.g. hydrocortisone [Solu-Cortef]), assist family in administering medication. If not, consider MCEP consultation for **Dexamethasone**.

SUSPECTED CALCIUM CHANNEL BLOCKER OVERDOSE?

Consider **Calcium Chloride.**

3 INCOMPLETE / SUBOPTIMAL RESPONSE TO MAXIMUM PRESSOR DOSAGE
Consider additional fluid. Consider circumstances above.
Consider MCEP consultation to increase maximum dose or add a second vasopressor.