

Inotropes/Pressors and Dantrolene

 = push doses

Drug	Adult IV dose	Tips (infusion & push)	Details
Dopamine	5-20 mcg/kg/min +titrate	**pre-mixed = quick-start** ->change to norepinephrine when time allows	-undifferentiated (& non-cardiogenic) shock -high doses = <i>pure</i> alpha 1 (=vasoconstriction) -watch for arrhythmias
Norepinephrine	2-12 mcg/min +titrate		-cardiogenic shock and sepsis =mixed alpha/beta 1 (vasoconstriction <i>and</i> chronotrope & inotrope
Epinephrine	1 mcg/min +titrate (max 5mcg/min) Push 0.5-2mL q2-5min	1 mL of 1:10,000 <u>cardiac</u> Epi in 9 mL saline (=10 mcg/ml)	-for severe anaphylaxis and BP rescue =mixed alpha/beta 1&2 (vasoconstriction <i>and</i> chronotrope & inotrope <i>and</i> bronchodilation)
EPHEDrine	Push 5 mg q 2-5min	1 mL of 50 mg/mL in 10 mL saline (=5 mg/mL)	=mixed alpha and beta (vasoconstriction <i>and</i> chronotrope & inotrope) -duration of action 5-10 min
Phenylephrine	20 mcg/min + titrate Push 0.5-2mL q2-5min	10 mg (1mL) vial in 100 mL bag of saline (=100mcg/mL)	=pure alpha 1 (vasoconstriction <i>only</i>) -duration of action 5-20 min
Glucagon	1-2 mg q 5min	Can infuse at 1-5 mg/hr post bolus	-for anaphylaxis when on beta-blockers and/or if not responding to epinephrine

NB: time for drug to pass through cannula at initiation can be long - if emergent, consider starting *infusion* more rapidly for a few seconds or using *push* dose - carefully!

Dantrolene - for malignant hyperthermia

Rapid 2-3 mg/kg IV push, then 1 mg/kg repeated as required to a *cumulative* max of 10 mg/kg