



**CRITICAL CARE - STANDARD INOTROPE  
AND VASOPRESSOR PROTOCOL**

CLERK	NURSE	<b>ORDER SET:N/A</b>
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1. **NOTE: Should be infused via central venous catheter when possible**  
 ✍️ **✦ Patient weight in kg:** \_\_\_\_\_
- Titrate for target:  SBP more than or equal to \_\_\_\_\_ mmHg **&/OR**  
 MAP more than or equal to \_\_\_\_\_ mmHg
  - Initiate in the following order: \_\_\_\_\_
  - Vital Sign protocol as per ICU Standards of Care

2. ✍️

Drug Name	INTRAVENOUS Infusion Rate				Preparation Instructions (Concentration)
	Suggested Dose	Unit	Initial	Maintenance	
<input type="checkbox"/> Milrinone <b>BOLUS</b>	50 micrograms/kg		_____	N/A	Dose in 50 mL NS over 10 minutes
<input type="checkbox"/> Milrinone	0.375 – 0.75	<b>microgram/kg/min</b>	_____	___ to ___	20 mg in 80 mL NS or D5W (200 micrograms/mL)
<input type="checkbox"/> EPINEPHrine *	0.01 – 0.5		_____	___ to ___	4 mg in 250 mL NS or D5W (16 micrograms/mL)
<input type="checkbox"/> DOBUTamine	2 – 20		_____	___ to ___	250 mg in 250 mL NS or D5W (1000 micrograms/mL)
<input type="checkbox"/> Norepinephrine*	0.01 – 1.5		_____	___ to ___	8 mg in 250 mL D5W (32 micrograms/mL)
<input type="checkbox"/> DOPAamine*	2 – 20		_____	___ to ___	400 mg in 250 mL D5W (1600 micrograms/mL)
<input type="checkbox"/> Phenylephrine*	0.1 – 3		_____	___ to ___	20 mg in 250 mL D5W (80 micrograms/mL)
<input type="checkbox"/> Vasopressin	0.02 – 0.1 unit/min		_____	___ to ___	40 units in 100 mL NS or D5W (0.4 unit/mL)

**\*see Phentolamine protocol for peripheral IV extravasation**

- 24 h
3. Directions for weaning inotropes: \_\_\_\_\_  
 ✍️ \_\_\_\_\_
4. If peripheral IV becomes interstitial: STOP infusion, WITHDRAW drug from catheter, DISCONTINUE IV and follow phentolamine protocol. Restart another intravenous line in a different site.
- \* Phentolamine Protocol (can be administered up to 12 hrs after extravasation injury)**
- Mix 10 mg Phentolamine in 10 mL NS and inject 1 mL subQ, in multiple areas of surrounding tissue to the interstitial IV site using a 25 - 29 gauge needle, up to a total of 5 mL
  - Change needle between each skin entry
  - Monitor area by marking borders of discolored tissue with indelible marker
  - Advise Most Responsible Physician (MRP) of extravasation

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ M.D. SIGNATURE: \_\_\_\_\_

STAKEHOLDER REVIEW & APPROVAL This section provides evidence that the Head of Dept has reviewed and approved the content

Dr. Manchuk, Head of Intensivist | 28 Sept 2012