

DOPAMINE (Intropin) EMSAC May 2023

FOR USE ONLY WHEN EPINEPHRINE ON SHORTAGE

ACTION: Sympathomimetic

- Catecholamine with dose-dependent stimulation of alpha-adrenergic, beta-adrenergic, and dopaminergic receptors.
 - Low doses (2 to 5 mcg/kg/min): Stimulates dopaminergic receptors (renal and mesenteric artery dilation).
 - Medium doses (5 to 10 mcg/kg/min): Stimulates beta-adrenergic receptors (increased heart rate and contractility resulting in increased cardiac output).
 - High doses (greater than 10 mcg/kg/min): Stimulates alpha-adrenergic receptors (peripheral vasoconstriction, increased blood pressure).

INDICATION	ADULT	PEDIATRIC
1. Hypotension due to cardiogenic shock or distributive shock (neurogenic, septic, or anaphylactic subtype) 2. Symptomatic bradycardia refractory to other treatments such as atropine and pacing	Start 5 mcg/kg/min IV/IO. May titrate up to 20 mcg/kg/min to target SBP > 90 mmHg. If taking MAOIs in the last 2 weeks, use 1/10th of the normal dose.	MAKE BASE HOSPITAL CONTACT BEFORE INITIATING. Start 5 mcg/kg/min IV/IO. May titrate up to 20 mcg/kg/min. If taking MAOIs in the last 2 weeks, use 1/10th of the normal dose.

CONTRAINDICATIONS:

- Tachydysrhythmias

POTENTIAL SIDE EFFECTS:

- Tachydysrhythmias including V-Tach and V-Fib
- Hypertension
- Nausea and vomiting
- Chest pain, ischemia, and acute MI exacerbation
- Extravasation causes tissue necrosis

NOTES:

- Do not infuse in same line as sodium bicarbonate
- Ensure that the patient is not hypovolemic before infusing dopamine.
- Monoamine oxidase inhibitors (MAOIs) potentiate the effects of dopamine. MAOIs include selegiline (Emsam), tranylcypromine (Parnate), and phenelzine (Nardil).