

## EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

16L – DOPAMINE (INTROPIN®)

## **PARAMEDIC**

Class: Vasoconstrictor

Actions/Pharmacodynamics: Dose dependent. Higher doses (5+ mcg/kg/min) increasingly stimulate alpha receptors in the peripheral vasculature, producing vasoconstriction-related increases in system blood pressure. Concurrent beta receptor stimulation may produce increases in heart rate and mild bronchodilation. Lower doses (<5 mcg/kg/min), as may be encountered infrequently in interhospital transfers, produce mesenteric (intestinal) and renal vascular dilation to ensure continued perfusion to these organ systems in complicated medical illness that would otherwise sacrifice such circulation.

Indications: Dyspnea - Congestive Heart Failure (Cardiogenic Shock) (3E)

> Post Cardiac Arrest Treatment (Cardiogenic Shock) (4J) Acute Coronary Syndrome (Cardiogenic Shock) (5C)

Fever (Septic Shock) (9B) Dialysis-Related Issues (9E)

For all listed situations, indication is hypotension (adult = systolic < 100 mmHg) due to cardiogenic, septic, or neurogenic shock either refractory to intravascular fluid boluses or in which intravascular fluid bolusing is

contraindicated (eg. pulmonary edema).

**Contraindications:** Hypertension

Pharmacokinetics: Onset of action within 5 minutes after IV/IO infusion initiated. Rapid metabolism, requiring ongoing IV/IO infusion to maintain clinical effects.

**Side Effects:** Palpitations, tachycardia, chest pain, and hypertension if not titrated.

Dosage: Dyspnea - Congestive Heart Failure (Cardiogenic Shock) - Adult (3E)

> Post Cardiac Arrest Treatment (Cardiogenic Shock) - Adult (4J) Acute Coronary Syndrome (Cardiogenic Shock) - Adult (5C)

Fever (Septic Shock) - Adult (9B) Dialysis-Related Issues - Adult (9E)

For hypotension (shock) refractory to fluids or fluids contraindicated 5 – 20 mcg/kg/minute - see dosage chart - titrate to a sys B/P ≥ 100 mmHg.

Dyspnea - Congestive Heart Failure (Cardiogenic Shock) - Pediatric (3E) Post Cardiac Arrest Treatment (Cardiogenic Shock) - Pediatric (4J)

Fever (Septic Shock) - Pediatric (9B) **Dialysis-Related Issues - Pediatric (9E)** 

For hypotension (shock) refractory to fluids or fluids contraindicated

\*\*OLMC Order Only.



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PROTOCOL 16L: Dopamine (Intropin®), cont

## **Dopamine Infusion Adult Dosage Chart**

Dopamine		Dose in mcg				
		5	10	15	20	
Patient Weight in Kilograms	40	8	15	23	30	
	50	9	19	28	38	
	60	11	23	34	45	<u> </u>
	70	13	26	39	53	(for 1600 mcg concentration only)
	80	15	30	45	60	ţi
	90	17	34	51	68	ıtra
	100	19	38	56	75	Ser
	110	21	41	62	83	no
	120	23	45	68	90	, g
	130	24	49	73	98	E
	140	26	53	79	105	000
	150	28	56	84	113	1 16
	160	30	60	90	120	(fo
	170	32	64	96	128	
	180	34	68	101	135	drips/minute
	190	36	71	107	143	m/3
	200	38	75	113	150	sdi
	210	39	79	118	158	
	220	41	83	124	165	ō
	230	43	86	129	173	mL/hr
	240	45	90	135	180	πL
	250	47	94	141	188	_

How Supplied: 400 mg/10 mL vial to be mixed into 250 mL D5W. (1600 mcg/mL concentration) OR pre-mixed dopamine infusion at 1600 mcg/mL concentration. (Always check concentration and dose per container at time of patient medication administration)

Special Comments: Relative caution should be exercised prior to use in the setting of marked tachydysrhythmias, due to the potential for further increase in heart rates. In the setting of tachydysrhythmia-induced cardiogenic shock, treat per Protocol 5G - Tachycardia - Unstable. Ensure aggressive fluid resuscitation

is accomplished (unless contraindicated) prior to dopamine use.