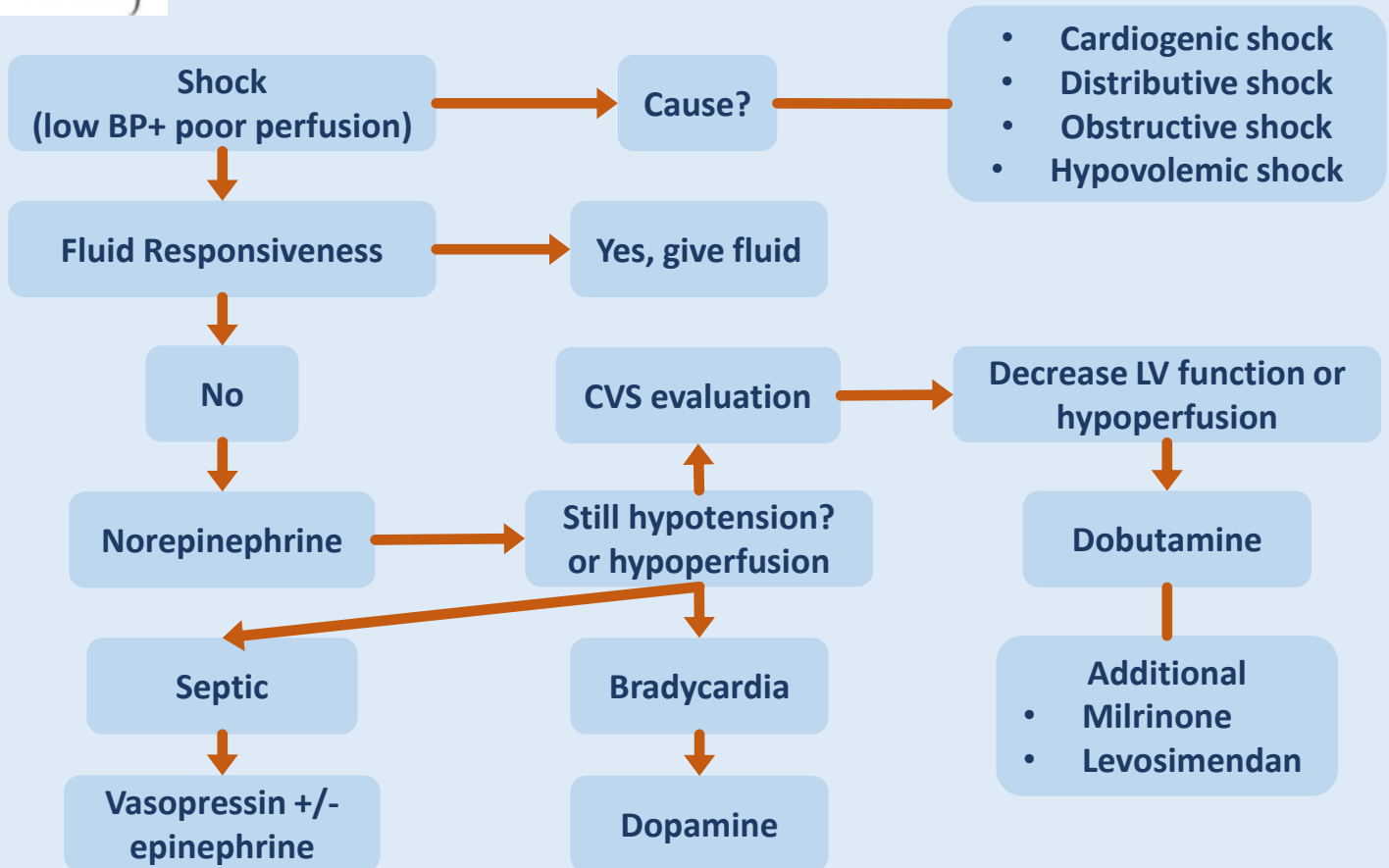
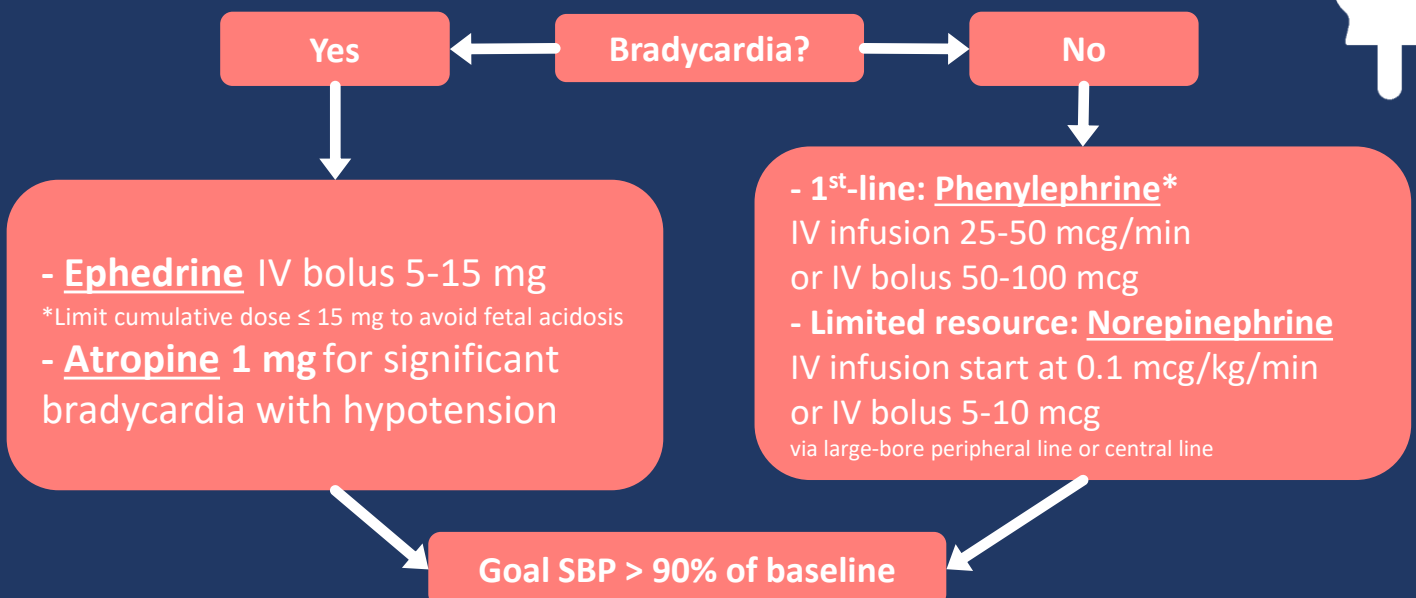


VASOPRESSORS & INOTROPES IN VARIOUS CLINICAL SCENARIOS



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VASOPRESSORS FOR SPINAL HYPOTENSION DURING CESAREAN SECTION



- *Prophylactic phenylephrine infusion results in more stable BP and less nausea & vomiting, but also more cumulative use; consideration should be made with the cost and available resource.
- *May omit prophylactic administration or start at a lower rate in patients with pregnancy-induced hypertension
- Individualize the decision in the presence of cardiac conditions
- Low-dose vasopressors are safe during pregnancy. If hypotension persists despite a high dose, it is advisable to consider causes other than sympathetic blockade.
- Commence LUD, crystalloid co-loading, careful assessment of volume status & consideration of potential losses together with vasopressor administration

VASOPRESSORS & INOTROPES IN VARIOUS CLINICAL SCENARIOS

Drug	Pharmacology	CO	SVR	PCWP	PVR	MAP	HR
Norepinephrine 0.03-0.3 mcg/kg/min	$\alpha > \beta_1 \gg \beta_2$ -agonist	↑↓	↑↑	↑	↑	↑↑	↑↔
Epinephrine 0.01-0.2 mcg/kg/min	$\beta_1 \geq \alpha \geq \beta_2$ -agonist	↑↑	↑	↑	↑	↑↑	↑↑
Dopamine 2-20 mcg/kg/min	0-3 mcg/kg/min – DA receptor agonist	↑	↔↓	↔↓	↔↓	↔↓	↔
	3-10 mcg/kg/min – DA, $\beta_1 > \alpha_1$ agonist	↑↑	↓	↓	↔↓	↑	↑
	>10 mcg/kg/min – DA, $\alpha_1 > \beta_1$ agonist	↑	↑	↑	↑	↑	↑↑
Phenylephrine - 50-100 mcg IV bolus - 0.5-10 mcg/kg/min	α_1 -agonist	↔↓	↑↑	↔	↔↑	↑	↓
Ephedrine 5-10 mg IV bolus	Indirect NE release from neuron → $\alpha_1, \beta_1, \beta_2$ agonist	↑↑	↑	↑↑	↑	↑↑	↑
Methylene blue 2 mg/kg bolus then 0.5 mg/kg/h	Nitric oxide pathway inhibition	↔↑	↑	↑	↑	↑	↔
Dobutamine 2.5-20 mcg/kg/min	$\beta_1 > \beta_2 \gg \alpha$ -agonist	↑↑	↓↔	↓↔	↓↔	↑↔↓	↑
Milrinone 50 mcg/kg slowly bolus 0.125-0.75 mcg/kg/min	PDE-3 inhibitor	↑↑	↓↓	↓↓	↓↓	↓↔	↑↔
Levosimendan 0.05-0.2 mcg/kg/min	Ca^{2+} sensitizer	↑↑	↓↓	↓↓	↓	↓↔	↑↔