

HNE AREA Intensive Care

Approved For: JHH and CMN ICU's

DOPAMINE

Trade Name:

Presentation:

Indications: Used to support cardiac function, cardiac output, and blood pressure.

Administration: 200mg dopamine in 5 mls in dilution syringe is added to 45 mls of 5% dextrose or N saline.(concentrated solution)

2 to 25 mls per hour. (= 2 to 25 mcg per kg per minute for 70 kg person.) Limited by tachycardia

2-4 mcg/kg/min = renal (low range)

5-12mcg/kg/min = mid range (not vasoconstrictor)

> 12mcg/kg/min = high range

Concentrated dopamine solution(4mg/ml) must be administered via a central venous line only. It is permissible for short periods to administer via a peripheral line with careful monitoring for local complications (blanching or extravasation).

It is permissible to use dopamine in the general ward for treatment of chronic cardiac failure unresponsive to usual therapy. Such patients are usually being treated to enable them to get out of hospital.

Suggested protocol: Dopamine 400 mg mixed into 400 mls of 5% dextrose. Starting dose is 13 mls per hour. (approx 3 mcg/kg/min). It is reasonable to increase this to about 30 mls/hour if no response. (Approx 7 mcg/kg/min).

Dose 2 TO 25 MICROGRAMS PER KILOGRAM PER MINUTE

Precautions

Compatibilities: **Incompatible with:** Amphotericin.

Created: 01-Jan-98 by Dr M rowley Reviewed: 01-Apr-08 by Dr M Rowley Guideline to be reviewed before : 01-Jan-11

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines