

SCOPE: ALS (<i>continuation only</i>), CCT	
MEDICATION:	NOREPINEPHRINE (Levophed)
INTERVENTION:	<p><u>Classification:</u> Alpha & Beta Agonist Vasopressor</p> <p><u>Actions:</u> A peripheral vasoconstrictor and an inotropic stimulator of the heart and dilator of coronary arteries</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> Hypotension from hypovolemia that has not been adequately treated with fluid/blood resuscitation <p><u>Precautions:</u></p> <ul style="list-style-type: none"> Vein vesicant; ensure proper needle or catheter placement prior to and during infusion Avoid extravasation; infuse into a large vein if possible Avoid infusion into leg veins Monitor IV site closely <p><u>Concentration:</u> 4 mg/ 250 ml</p> <p><u>Dosage:</u></p> <ol style="list-style-type: none"> I. <u>Septic Shock/Pediatric Septic Shock (WARM):</u> <ol style="list-style-type: none"> a. Adult: <ol style="list-style-type: none"> i. IV/IO: 0.02-0.4 mcg/kg/min b. Pediatric: <ol style="list-style-type: none"> i. IV/IO: 0.05-1 mcg/kg/min, titrate by 0.05mcg/kg/min II. <u>Cardiogenic Shock:</u> <ol style="list-style-type: none"> a. Adult: <ol style="list-style-type: none"> i. IV/IO: 0.02-0.5 mcg/kg/min III. <u>Pulmonary Embolism/Obstructive Shock:</u> <ol style="list-style-type: none"> a. Adult: <ol style="list-style-type: none"> i. IV/IO: 0.02-0.2 mcg/kg/min b. Pediatric: <ol style="list-style-type: none"> i. IV/IO: 0.05-1 mcg/kg/min IV. <u>Neurogenic Shock:</u> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IV/IO: 0.02-0.2 mcg/kg/min <p><u>Onset of Action:</u> Very Rapid</p> <p><u>Duration:</u> 1-2 minutes</p> <p><u>Adverse Effects:</u> Bradycardia, cardiac arrhythmia, peripheral ischemia (digital), anxiety, transient headache, skin necrosis (with extravasation), dyspnea</p> <p><u>Special Considerations:</u></p>

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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PROTOCOL

	<ul style="list-style-type: none">I. Norepinephrine crosses the placenta. Medications used for the treatment of cardiac arrest in pregnancy are the same as in the non-pregnant woman. Appropriate medications should not be withheld due to concerns of fetal teratogenicity. Norepinephrine use during the post-resuscitation phase may be considered; however, the effects of vasoactive medications on the fetus should also be considered. Doses and indications should follow current ACLS guidelinesII. It is not known if norepinephrine is excreted in breast milk
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