<table>
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<th><strong>CLASS</strong></th>
<th>Vasopressor; Adrenergic; Catecholamine</th>
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| **ACTION** | - Acts on alpha and beta 1 receptor sites to vasoconstrict and increase heart rate.  
- Positive chronotrope (increases heart rate)  
- Positive inotrope (increases force of cardiac contraction)  
- Vasopressor at higher doses (increases BP) |
| **INDICATIONS** | - Symptomatic bradycardia refractory to atropine  
- Cardiogenic shock with hypotension |
| **CONTRAINDICATIONS** | - Hypersensitivity to the drug  
- Hypovolemic shock  
- Tachydysrhythmias  
- Ventricular dysrhythmias (V-tach / V-fib) |
| **PRECAUTIONS** | - Dopamine is not a substitute for fluid or blood volume deficits  
- Extravasation (infiltration) can cause necrosis with tissue sloughing  
- Monitor vital signs every 5 minutes during administration  
- Monitor cardiac rhythm closely. |
| **SIDE EFFECTS** | - Tachycardia  
- Ectopic beats  
- Angina  
- Palpitations  
- Headache  
- Nausea; vomiting  
- Hypertension |
| **ROUTE** | IV infusion (The infusion rate must be monitored precisely – preferred to use with an IV pump) |
| **DOSE** | - Symptomatic bradycardia: 5-10 mcg/kg/minute  
- Cardiogenic shock: 5-20 mcg/kg/minute |
| **PEDIATRIC DOSE** | - Per Medical Control 5-20 mcg/kg/minute infusion  
- Utilize Broselow tape or pediatric weight based dosing chart to confirm dose  
- Reference policy PED-9.2 |
| **ONSET** | 5 minutes |
| **DURATION** | 5 to 10 minutes |
| **STOCK** | (1) 1600 mcg/mL premix solution (800 mg/500 mL) |