

Vasoactive drugs for shock states

Shock state	First-tier agents	Second-tier agents
Anaphylactic shock	Epinephrine, 1 mL of 1:10,000 solution (100 µg), can be given as a slow IV push, then as a 0.02 µg/kg/min infusion (5–15 µg/min)	Norepinephrine infused at 0.1–1 µg/kg/min (0.5–30 µg/min)
Cardiogenic shock, left ventricular	SBP < 70, norepinephrine infused at 0.1–1 µg/kg/min (0.5–30 µg/min) SBP 70–90, dopamine infused at 15 µg/kg/min SBP > 90, dobutamine infused at 2–20 µg/kg/min	Amrinone, 0.75 mg/kg loading dose, then 5–10 µg/kg/min (not recommended post-MI) Milrinone, 50 µg/kg loading dose, then 5–10 µg/kg/min (not recommended post-MI)
Cardiogenic shock, pulmonary embolism	Dobutamine infused at 5 µg/kg/min Norepinephrine infused at 0.1–1 µg/kg/min	Phenylephrine infused at 10–20 µg/kg/min
Hemorrhagic shock	Volume resuscitation	Dopamine infused at 5–15 µg/kg/min as a temporizing adjunct
Neurogenic shock	Dopamine infused at 5–15 µg/kg/min	Norpinephrine infused at 0.1–1 µg/kg/min Phenylephrine infused at 10–20 µg/kg/min
Septic shock	Norepinephrine infused at 0.1–1 µg/kg/min Dobutamine infused at 5 µg/kg/min	Dopamine infused at 5–15 µg/kg/min Epinephrine infused at 0.02 µg/kg/min
Toxic drug overdose with shock	Norepinephrine infused at 0.1–1 µg/kg/min	Phenylephrine infused at 10–20 µg/kg/min Glucagon given as a 5-mg IV bolus, then as a 1–5 mg/h infusion Calcium salts: calcium gluconate, 0.6 mL/kg bolus, then a 0.6–1.5 mL/kg/h infusion Insulin started at 0.1 units/kg/h IV and titrated to a goal of 1 unit/kg/h