

Stat Meds 8	Agent	Actions/Uses	Dose	Adverse Effects	Contraindications
	Dobutamine (Dobutrex)	Synthetic catecholamine with direct inotropic effect due to beta receptor stimulation, and with mild chronotropic and vasodilatory effects. Improves cardiac output by improving stroke volume. For short term treatment of depressed contractility in the absence of shock. Half-life is only 2 minutes.	Prep: 250 mg in 20 mL vial (12.5 mg/mL) IVP: NA Mix: 250 mg Conc: 1000 µg/mL 250 mL D5W, NS, D5NS, RL or: 500 mg Conc: 2000 µg/mL 250 mL D5W, NS, D5NS, RL (Incompatible with alkaline solutions, OK if solution is pink) Infuse: 2 - 20 µg/kg/min (up to 40 µg/kg/min) ↑ by 2 µg/kg/min q 15 mins as needed.	Dose related tachycardia can -> myocardial ischemia, PVC's, and ↑ infarct size. ↑ ventricular response to AFib, palpitations, chest pain, ↑ or ↓BP (may be precipitous) Headache, nausea, tremor, ↓ K, dyspnea, Tissue necrosis if infiltrates.	Hypersensitivity (possibly due to sulfite). Idiopathic hypertrophic subaortic stenosis, Tachycardia, Ventricular dysrhythmia. Correct hypovolemia before giving. Use with extreme caution after AMI.
	Dopamine (Intropin)	Catecholamine precursor of norepinephrine and epinephrine with inotropic, chronotropic, and vasoactive effects. For shock due to heart failure, sepsis, cardiac surgery, and for hypotension unresponsive to fluids. No longer recommended for acute oliguric renal failure. Also used to treat bradycardia resistant to Atropine.	Prep: 40 mg/mL in 5 mL; 80 mg/mL in 5 mL. IVP: NA Mix: 200 mg Conc: 800 µg/mL 250 mL D5W, NS, D5NS, RL or 400 mg Conc: 1600 µg/mL 250 mL D5W, NS, D5NS, RL Dopamine is inactivated in alkaline solution. Infuse: 2 - 20 µg/kg/min (Vasodilates at lower doses, Vasoconstricts at higher doses)	At low dose, may ↓ BP. High doses ↑ HR & ↑ SVR. Tachycardia, ↑ MVO ₂ , PVC's, Myocardial ischemia, Atrial and ventricular arrhythmia, Renal ischemia at high dose, HA, dyspnea, N/V, Peripheral vasoconstriction, that may progress to necrosis. Tissue necrosis if infiltrates.	Sensitivity to sulfites. Tachycardia, Hypertension, Pheochromocytoma, Ventricular dysrhythmias, MAO inhibitors (can cause hypertensive crisis). Correct hypovolemia before giving Dopamine.
	Drotrecogin Alpha (activated) (Xigris)	A recombinant form of Activated Protein C, a naturally occurring protein that has antithrombotic, profibrinolytic, anti-inflammatory effects. Used in the treatment of severe sepsis with high risk for death to reverse the hypercoagulable state and restore microcirculatory blood flow.	Prep: 5 mg & 20 mg vials, reconstitute with 2.5 mL & 10 mL sterile water respectively No IVP or loading dose. For 12 hr infusion: 1. mg of Xigris = [pt wt in kg x 24 x 12 hr]/1000. 2. Dilute Xigris in NS to final concentration of 0.1-0.2 mg/mL (bag volume ranges 50-250 mL) 3. mL/hr infusion rate = bag volume/12 hours. Administer via dedicated line. Mixture expires 12 hours after preparation. Repeat the 12 h infusions until Xigris given 96 h.	↑ risk of bleeding. If bleeding occurs, stop infusion, call physician. Half-life is very short. May restart in 2-3 hrs. If invasive procedure, stop infusion 1 hr prior, resume immediately after. If surgery, stop 1 hr prior, resume 12 hours after.	Active internal bleeding, Recent hemorrhagic stroke Recent intracranial or intraspinal surgery or severe head trauma, Trauma with ↑ risk of life-threatening bleeding, Epidural catheter, Intracerebral lesion or mass.

Emergency Meds