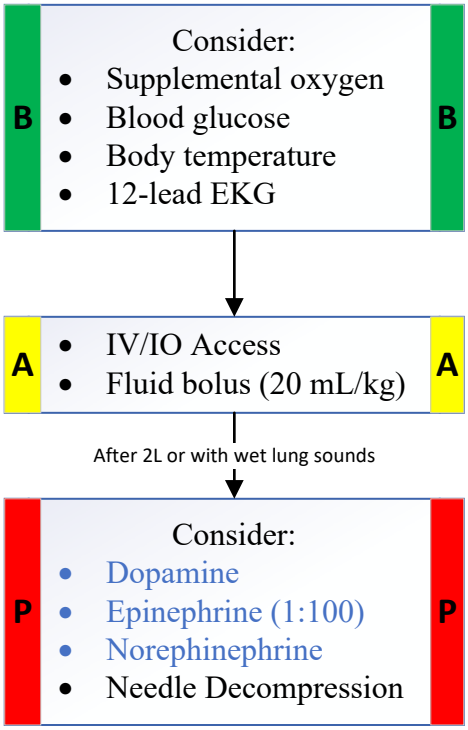
Hypotension

Mortality greatly increases with a shock index >1 (when HR>SBP). Rapid identification of underlying cause is critical to improving patient outcome.

When a possible underlying cause is determined, immediately move to relevant protocol.



ADULT:

Dopamine
5-20mcg/kg/min, *Target SPB >90 mmHg*
Epinephrine (1:100)
0.5-2 mL *push dose*
2-10 mcg/min *drip rate*
Norephinephrine
8-12 mcg/min

PEDIATRIC:

Dopamine
5-20mcg/kg/min, *Target SPB >90 mmHg*
Epinephrine (1:100)
0.5-2 mL *push dose*
2-10 mcg/min *drip rate*
Norephinephrine
0.05-1 mcg/min, *Max 2 mcg/min*