Inotropes and Vasopressors For Dummies

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At low rates of infusion (0.5-2 mcg/kg/min) dopamine causes vasodilation that is presumed to be due to a specific agonist action on dopamine receptors. Inotropes and vasopressors can be used to increase cardiac output both by increasing the rate of cardiac contractility and also the degree of contractility.

Inotropes are agents that increase myocardial contractility (inotropy)—e.g. adrenaline, dobutamine, isoprenaline, ephedrine, vasopressors are agents.

Hemodynamic instability is a common problem in neonates and has important implications for long-term outcomes. Inotropes and vasopressors are commonly used in the management of shock states in the ED. The Critical Care Practice estimated that the use of vasopressors and inotropes could improve outcomes in critically ill patients.


Dopamine (Intropin) is often used either alone or in combination with other inotropic agents. Vasopressin (antidiuretic hormone (ADH)), Certain vasopressors.

Vasopressor/inotropic medications used include dopamine, dobutamine, enoximone, and milrinone. Although inotropes increase cardiac output, they may also cause hypotension, tachycardia, and arrhythmias.

(See “Use of vasopressors and inotropes.”) RATE OF FLUID REPLETION. It is not possible to precisely predict the total fluid deficit in a given patient.

Describe the physiologic effects of vasopressors and inotropic agents.

5. Understand the concepts of oxygen supply and demand in managing shock.

6. Discuss.