# NOREPINEPHRINE

**Additional Names:** Levophed

**Classification:** Sympathomimetic, Vasopressor

**Indications:** Shock

**Contraindications:** Known hypersensitivity
Hypovolemia

**Dosages:**

**Adult:**

Shock
2-12mcg/min IV/IO infusion, titrate to MAP ≥ 65mmHg

CHF/Acute Pulmonary Edema:
2-12mcg/min IV/IO infusion, titrate to MAP ≥ 65mmHg

Post ROSC
2-12mcg/min IV/IO infusion, titrate to MAP ≥ 65mmHg

**Pediatric:**

Shock
0.01-0.5mcg/kg/min Infusion

**Norepinephrine Infusion**

Mix 4mg Norepinephrine into 250mL NS/D5W = 16mcg/ml

Infuse using micro drip (60gtt/mL) set

| *Dosage* | 2mcg/min | 4mcg/min | 6mcg/min | 8mcg/min | 10mcg/min | 12mcg/min |
|---|---|---|---|---|---|---|
| *gtts/sec* | ~1gtt/8sec | 1gtt/4sec | ~1gtt/3sec | 1gtt/2sec | ~0.5-0.75 gtt/sec | ~0.75-1 gtt/sec |
| *gtts/min* | 8gtts/min | 15gtts/min | 22gtts/min | 30gtts/min | 38gtts/min | 45gtts/min |

** Do not forget to label IV bag "Norepinephrine 16mcg/ml **

**Side Effects:** Hypertension, arrhythmias, reflex bradycardia ischemic injury due to vasoconstriction, headache, dyspnea (with or without respiratory difficulty)

**Physiological Effects:** Norepinephrine functions as a peripheral vasoconstrictor (α-adrenergic action) and as an inotropic (contractility) stimulator of the heart and dilator of coronary arteries (β-adrenergic action).

## NOREPINEPHRINE (continued)

**Additional Info:**

Constantly monitor the blood pressure and adjust dose according to the MAP (Goal > 65). Avoid hypertension.

When possible, Norepinephrine infusion should be given via a large vein, preferable a vein in the antecubital fossa.

Ensure patient is not fluid depleted. Fluid resuscitation should be considered when appropriate.