

DOPAMINE DRIP PROTOCOL (Intropin)
(400 mg/250 ml D5W Premix; Conc: 1600 mcg/ml)

- I. Monitor and record EKG, obtain baseline vital signs
- II. Administration: Dopamine must ALWAYS be administered via infusion pump. Central or PICC line required for continued infusion, ie within 24 hours of initiation, unless physician feels central line insertion puts patient at greater risk.
 - A. **STANDARD STRENGTH:** 400 mg in 250 ml of D5W; 1600 mcg/ml
 - B. **INITIAL INFUSION:** Begin infusion at 1-5mcg/kg/min and titrate to desired clinical effect, advancing by 1-4 mcg/kg/min at 10-30 minute intervals.
 - C. **MAINTENANCE DOSE:** Determine drip rate by the table below or may calculate using the "K" factor. Titrate to the desired effect or per physician's orders.
Max. Dose: 50mcg/kg/min.
- III. Monitor continuous EKG, vital signs q5 min during titration and then q15 min for the remainder of the infusion. For maintenance infusions of 2 mcg/kg/min or less for renal perfusion, VS may be reduced to q2 hours once stable. Taper gradually prior to discontinuation to avoid hypotension.

DOPAMINE DRIP RATES (400 mg in 250 ml D5W)

Rates expressed in units of ML/HR

Drip rates (mcg/kg/min)	Weight											KG LBS
	40 88	50 110	60 132	70 154	80 176	90 198	100 220	110 242	120 264	130 286	140 308	
1	1.5	1.9	2.3	2.6	3	3.4	3.8	4.1	4.5	4.9	5.3	
2	3	3.8	4.5	5.3	6	6.8	7.5	8.3	9	9.8	10.5	
3	4.5	5.6	6.8	7.9	9	10.1	11.3	12.4	13.5	14.6	15.8	
4	6	7.5	9	10.5	12	13.5	15	16.5	18	19.5	21	
5	7.5	9.4	11.3	13.1	15	16.9	18.8	20.6	22.5	24.4	26.3	
6	9	11.3	13.5	15.8	18	20.3	22.5	24.8	27	29.3	31.5	
7	10.5	13.1	15.8	18.4	21	23.6	26.3	28.9	31.5	34.1	36.8	
8	12	15	18	21	24	27	30	33	36	39	42	
9	13.5	16.9	20.3	23.6	27	30.4	33.8	37.1	40.5	43.9	47.3	
10	15	18.8	22.5	26.3	30	33.8	37.5	41.3	45	48.8	52.5	
11	16.5	20.6	24.8	28.9	33	37.1	41.3	45.4	49.5	53.6	57.8	
12	18	22.5	27	31.5	36	40.5	45	49.5	54	58.5	63	
13	19.5	24.4	29.3	34.1	39	43.9	48.8	53.6	58.5	63.4	68.3	
14	21	26.3	31.5	36.8	42	47.3	52.5	57.8	63	68.3	73.5	
15	22.5	28.1	33.8	39.4	45	50.6	56.3	61.9	67.5	73.1	78.8	
16	24	30	36	42	48	54	60	66	72	78	84	
17	25.5	31.9	38.3	44.6	51	57.4	63.8	70.1	76.5	82.9	89.3	
18	27	33.8	40.5	47.3	54	60.8	67.5	74.3	81	87.8	94.5	
19	28.5	35.6	42.8	49.9	57	64.1	71.3	78.4	85.5	92.6	99.8	
20	30	37.5	45	52.5	60	67.5	75	82.5	90	97.5	105	

Date/Time _____

Provider's Signature _____

Allergies: _____

Patient Stamp _____

Approved SCC 10/05js

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