

Quick Look Procedure Resource for NON-CRITICAL CARE staff

Safe management of Inotropes and Vasopressors

WHEN TO REVIEW

1. Commencement of an inotrope or vasopressor
2. Receiving handover from another nurse
3. Ongoing assessment while infusions are running

KEY NURSING CONSIDERATIONS

Inotropes and vasopressors are used to maintain BP
Examples include noradrenaline, vasopressin

1. Inotrope/vasopressor infusions **MUST NEVER:**

- Be bolused: will cause dangerously high BP & HR
- Be allowed to run out: will cause rapid drop in BP
- Be stopped or paused (unless discontinued by the ICU team)

2. Access

- **MUST** be delivered via central line with a dedicated lumen
- Ensure inotrope/vasopressor line clearly labelled

3. Pumps

- **ALWAYS** plug pumps/syringe drivers into hospital power supply
- Prepare a backup syringe of any inotrope/vasopressor infusion to prevent running out
- If possible have a second pump available as back up



4. Monitoring

- **ALWAYS** requires continuous ECG and BP monitoring



KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

1. Unstable Blood pressure: Call for help is SBP <80mmHg
2. Unstable HR: Call for help if HR <55bpm >130bpm
3. Call for help if any significant changes in ECG trace
4. 1 hour of less left of infusion