How to Titrate Vasopressors

- Vasopressors do NOT require a loading dose.

- Vasopressor starting doses are determined by the severity of hypotension and onset of action for the drug. Low therapeutic doses usually are used to start vasopressors. Typical starting doses are:
  - Neo-Synephrine – 0.3-0.6 mcg/kg/min
  - Epinephrine – 0.06-0.12 mcg/kg/min
  - Norepinephrine – 0.01-0.05 mcg/kg/min
  - Dopamine – 3-5 mcg/kg/min
  - Dobutamine – 3-5 mcg/kg/min

- Vasopressors technically are a PRN medication that you are titrating to effect. This requires documentation of a blood pressure (BP) that triggers you to alter the dose (up or down) and another BP once the effect of the dose change has been realized.

- Vasopressors always should be weaned down if the patient demonstrates adequate BP [even patients who are do not resuscitate (DNR)]. It would be unacceptable practice to permit a patient to develop avoidable drug toxicity when choosing to decrease aggressive support. With a physician’s order, vasopressors may not be increased or added when limiting aggressive therapy in patients who are DNR.

- Most vasopressors are titrated to maintain a mean arterial pressure (MAP) of at least 60 mm Hg. This means that you should continue to titrate downward at least every 15 minutes until the MAP drops below threshold for several minutes, increasing only once you are below the titration threshold.

- When no changes are made to the vasoactive medication plan, vital signs should be documented at least hourly.

- In most cases, a vasopressor will be selected on its specific properties. This usually results in maximizing one drug before trying another. When more than one vasopressor is used, always clarify which is the maintenance drug and which is the drug to be titrated to effect.

- Vasopressors act upon sympathetic receptors, causing their clinical effects.
  1. Drugs stimulating beta receptors cause inotropy and chronotropy.
  2. Drugs stimulating alpha receptors cause vasoconstriction.
  3. Sometimes one action is desired, and sometimes both actions are desired to enhance BP.