BEST PRACTICES

APPROACH TO VASOPRESSOR SUPPORT

IN SEPTIC SHOCK

Start early and titrate vasopressors to maintain mean arterial pressure above 65 mm Hg with adequate fluid resuscitation
Use advanced hemodynamic monitoring and perform echocardiography with escalating doses of first line agents

01

02

03

04

NOREPINEPHRINE

Maximum dose is not defined but determined based on response (1-1.5 µg/kg/min).
Consider hydrocortisone (and fludrocortisone) with escalating dosages of norepiephrine.
If tachycardia >110/min, use vasopressin instead (phenylephrine use is discouraged).
If bradycardia, may use dopamine.

01

VASOPRESSIN

Has a beta-adrenergic sparing effect and can be started at a fixed dose of 0.03 units/min once norepinephrine dose reaches 0.25–0.3 µg/kg/min.
May use as a first line agent in cases of tachycardia.

02

EPINEPHRINE

In refractory septic shock epinephrine can be added and titrated at a dose of 0-1 mcg/kg/min (or higher).
Note that high dose epinephrine may cause increase lactic acid!

03

ANGIOTENSIN II

Start at 20 ng/kg/min and titrate up to a maximum dose of 200 ng/kg/min.
Evidence is weak but evolving.

04

March 27, 2023

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