

IAP - IJPP CME 2018

VASOACTIVE AGENTS - PRACTICAL ASPECTS***Karthik Narayanan R**

Abstract: *Vasoactives are agents that are used to modulate hemodynamics in a patient. They can work by increasing the heart rate, contractility, dilating the blood vessels to improve tissue perfusion or constricting them to divert blood flow to important organs. Commonly used vasoactive agents are dopamine, dobutamine, epinephrine, nor-epinephrine, milrinone and vasopressin. Each of these agents have unique properties and knowledge about them is essential to titrate their doses in the critically ill child. While nor-epinephrine and vasopressin are dominant vasopressors, dobutamine and milrinone are dominant inodilators. Epinephrine and dopamine have varied actions based on the dose of infusion. Choosing appropriate vasoactive agent depends upon the hemodynamic status of the child. Inappropriate vasoactive selection may compromise tissue perfusion and result in more hemodynamic instability.*

Keywords: *Vasoactives, Inotropes, Vasopressor, Shock, Hemodynamics, Drugs.*

Points to Remember

- *All vasoactive drugs should be given as infusion due to their short half-life.*
- *Accurate hemodynamic assessment is important in choosing the appropriate vasoactive agent.*
- *Dopamine (>10mg/kg/min), norepinephrine, epinephrine (<0.2 µg/kg/min) and vasopressin are predominant vasopressors.*
- *Dopamine (<10µg/kg/min), epinephrine (<0.2 µg/kg/min), dobutamine and milrinone are inotropes and vasodilators.*
- *All vasoactive agents are arrhythmogenic.*

References

1. Zaritsky AL. Catecholamines, inotropic medications, and vasopressor agents. In: The pharmacologic approach to the critically ill patient. Chernow B, ed. Baltimore: Williams and Wilkins, 1994; 387-404.
2. Overgaard CB, Dzavik V. Inotropes and vasopressors: review of physiology and clinical use in cardiovascular disease. *Circulation*. 2008; 118:1047-1056.
3. Van den Berghe G, de Zegher F. Anterior pituitary function during critical illness and dopamine treatment. *Crit Care Med* 1996; 24:1580-1590.
4. Sakr Y, Reinhart K, Vincent JL, Sprung CL, Moreno R, Ranieri VM, et al. Does dopamine administration in shock influence outcome? Results of the Sepsis Occurrence in Acutely Ill Patients (SOAP) Study. *Crit Care Med* 2006; 34:589-597.
5. Ventura AM, Shieh HH, Bousso A, Góes PF, de Cássia F O Fernandes I, de Souza DC, et al. Double-Blind Prospective Randomized Controlled Trial of Dopamine Versus Epinephrine as First-Line Vasoactive Drugs in Pediatric Septic Shock. *Crit Care Med* 2015; 43:2292-2302.
6. Ramaswamy KN, Singhi S, Jayashree M, Bansal A, Nallasamy K. Double-Blind Randomized Clinical Trial Comparing Dopamine and Epinephrine in Pediatric Fluid-Refractory Hypotensive Septic Shock. *Pediatr Crit Care Med* 2016; 17:e502-e512.
7. Levy B, Bollaert PE, Charpentier C, Nace L, Audibert G, Bauer P, et al. Comparison of norepinephrine and dobutamine to epinephrine for hemodynamics, lactate metabolism, and gastric tonometric variables in septic

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- shock: a prospective, randomized study. *Intensive Care Med* 1997; 23:282-287.
8. Day NP, Phu NH, Bethell DP, Mai NT, Chau TT, Hien TT, et al. The effects of dopamine and adrenaline infusions on acid-base balance and systemic haemodynamics in severe infection. *Lancet* 1996; 348:219-223.
 9. Müllner M, Urbanek B, Havel C, Losert H, Waechter F, Gamper G. Vasopressors for shock. *Cochrane Database Syst Rev* 2004:CD003709.
 10. Metra M, Nodari S, D'Aloia A, Muneretto C, Robertson AD, Bristow MR, et al. Beta-blocker therapy influences the hemodynamic response to inotropic agents in patients with heart failure: a randomized comparison of dobutamine and enoximone before and after chronic treatment with metoprolol or carvedilol. *J Am Coll Cardiol* 2002; 40:1248-1258.
 11. Bistola V, Chioncel O. Inotropes in acute heart failure. *Continuing Cardiology Education*. 2017; 3:107-116.
 12. Russell JA. Bench-to-bedside review: Vasopressin in the management of septic shock. *Crit Care* 2011; 15(4):226.
 13. Davis AL, Carcillo JA, Aneja RK, Deymann AJ, Lin JC, Nguyen TC, et al. American College of Critical Care Medicine Clinical Practice Parameters for Hemodynamic Support of Pediatric and Neonatal Septic Shock. *Crit Care Med* 2017; 45:1061-1093.
 14. Ranjit S, Aram G, Kisson N, Ali MK, Natraj R, Shresti S, et al. Multimodal monitoring for hemodynamic categorization and management of pediatric septic shock: a pilot observational study. *Pediatr Crit Care Med* 2014; 15:e17-26.
 15. Gaies MG, Gurney JG, Yen AH, Napoli ML, Gajarski RJ, Ohye RG, et al. Vasoactive inotropic score as a predictor of morbidity and mortality in infants after cardiopulmonary bypass. *Pediatr Crit Care Med* 2010; 11:234-238.