ClearRounds Health
Cardiology

VASOPRESSORS & INOTROPES

ICU drips — hemodynamic quick reference

Drug	Dose	Rec	HR	MAP	Ino	SVR
Norepi	0.01–1	α>>β1	+	+++	+	+++
Phenylephrine	20–200*	α	–	+++	–	+++
Vasopressin	0.03†	V1	–	+++	–	+++
Epi	0.01–0.5	β, α	+++	+++	+++	++
Dopamine	2–20	D / β1 / α	+++	++	++	++
Dobutamine	2–20	β1>β2	++	–	+++	––
Milrinone	0.125–0.75	PDE3	+	––	+++	––
Isoproterenol	0.01–0.1	β	+++	––	++	––

Vasopressor Inopressor Inotrope / inodilator

RECEPTORS

α vasoconstriction · **β1** ↑HR / inotropy · **β2** vasodilation

β = β1 + β2 (non-selective) · **D** dopaminergic

V1 vasopressin receptor · **PDE3** PDE-3 inhibitor (↑cAMP)

Doses mcg/kg/min unless noted: *mcg/min · †units/min (fixed).
Typical adult ranges — always verify local protocol & pharmacy. **clearroundshealth.com**

SCALE · PEARLS · PUSH-DOSE

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SCALE

+++ strong ++ moderate + mild – none / minimal

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PEARLS

- Norepi = strongest MAP support (first-line vasopressor).
- Dobutamine / Milrinone = strongest inotropes (inodilators — they drop SVR).
- Isoproterenol = strongest chronotrope (↑HR).
- Vasopressin = pure vasoconstrictor, no HR effect; fixed dose, do not titrate to HR.
- Phenylephrine = pure α; can cause reflex bradycardia.
- Epi / Dopamine = mixed inopressors (raise both contractility and SVR).

PUSH-DOSE PRESSORS

VERIFY LOCAL

Phenylephrine **50–200 mcg IV q1–5 min**

Mix 10 mg / 100 mL = 100 mcg/mL → give 0.5–2 mL

Epinephrine **5–20 mcg IV q2–5 min**

Mix 100 mcg (1 mL of 0.1 mg/mL) in 9 mL = 10 mcg/mL → 0.5–2 mL

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