Push Dose Pressor

REFRESHER

RECOGNIZE IT

- Hypotension in a critically ill patient when a vasopressor infusion is not feasible or wise — resources or time
- Uses on the page: sepsis, pre/post intubation, cardiogenic shock

ASSESS

- Relative hypovolemia: big vascular space, misplaced fluid — warm, flushed, tachycardia, decreased urine; sepsis, anaphylaxis, neurogenic shock
- Absolute hypovolemia: reduced total circulating volume — thready pulse, tachycardia, cool, pale, clammy, flat neck veins; hemorrhage, severe dehydration, burns, vomiting/diarrhea

ACT — FIRST MOVES

1. Decide whether the problem is volume or vascular space before reaching for a pressor
2. Fluids are less effective in relative hypovolemia and most likely to help in absolute hypovolemia

PEARLS

- Contraindicated in the hypovolemic patient requiring fluid replacement
- Extreme caution in relative hypovolemia (sepsis) — only in conjunction with aggressive fluid therapy

Take Home Message:

Push dose pressors bridge hypotension when an infusion isn't feasible — but never in place of fluids for the volume-depleted patient.