Common Critical Care Drips

REFERENCE

▪ VASOPRESSORS — START · TITRATION · MAX

- Levophed: start 5 mcg/min; titrate 1–5 mcg/min q3–5 min; max 40 mcg/min; must have central venous catheter
- Vasopressin: 0.04 units/min; no titration; sepsis — enhances Levophed
- Neosynephrine: start 30 mcg/min; titrate 5–10 mcg/min q3–5 min; max 220 mcg/min; raises BP rapidly, can start at 100 mcg
- Epinephrine: start 1–4 mcg/min; titrate 1–2 mcg/min q10 min (table max row: 2–10 mcg/min); watch for increased HR
- Dopamine: start 2–5 mcg/kg/min; titrate 1–4 mcg/kg/min; max 20 mcg/min; higher doses are not better — watch for increased HR

▪ VASODILATORS — START · TITRATION · MAX

- Nicardipine: start 5 mg/hr; titrate 2.5 mg/hr q15 min; max 15 mg/hr; change IV q12 hrs
- Esmolol: start 25–50 mcg/kg/min; titrate 50 mcg/kg/min q4 min; max 300 mcg/kg/min
- Nipride: start 0.2–4 mcg/kg/min; titrate 0.25–0.5 mcg/kg/min q3–5 min; max 10 mcg/kg/min; can cause major hypotension

▪ SEDATIVES — START · TITRATION · MAX

- Propofol: start 10 mcg/kg/min; titrate 5 mcg/kg/min q4 min; max 80 mcg/kg/min; quick half-life
- Precedex: start 0.2 mcg/kg/min; titrate 0.1 mcg/kg/min; max 1.4 mcg/kg/min (0.7 mcg typical, per table)

▪ CARDIZEM & AMIODARONE — START · TITRATION · MAX

- Cardizem: start 5 mg/hr; titrate 5 mg/hr q15 min; max 20 mg/hr; decreases HR, converts to NSR
- Amiodarone: 1 mg/min × 6 hours; no titration listed; max NA; decreases HR, converts to NSR; 3 pre-mixed bags over 24 hours

Take Home Message:

Know each drip's start dose, titration step, and max cold — Levophed 5, vasopressin 0.04, Neosynephrine 30, epi 1–4, dopamine 2–5.