


DOPAMINE INFUSION		
Document Owner: L. Simard	Program/Service Area: Centre for Prehospital Care	Issue Date: April 2009
Review Date: October 2024	Revision Date: November 15, 2023	
Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services	Frequency: As Required, in accordance with Applicable Medical Directives.	
Signature: 		

Purpose: To ensure a consistent standardized practice for all Dopamine infusions.

	Content	Details
1.	Ensure that the patient qualifies for a dopamine infusion or contact a Base Hospital Physician (BHP) for further direction.	The fluid bolus precedes the administration of Dopamine. If started, ensure time is allowed for the intervention to have effect and be evaluated prior to initiating Dopamine.
2.	Communicate the need for initiating a dopamine infusion and its effects to the patient family member whenever possible	
3.	Remove Dopamine solution bag from the protective outer wrap and affix it to the IV pole/wall mounted hook and follow the appropriate steps listed in the HSN CPC Intravenous Line Priming and the Control-A-Flow procedures.	
4.	Connect the dopamine line to the dedicated intravenous set or intravenous catheter.	
5.	Initiate dopamine infusion at 5 mcg/kg/min and titrate upward to effect in increments of 5 mcg/kg/min every 5 minutes up to a maximum of 20 mcg/kg/min. Titrate dopamine to achieve a SBP of ≥ 90 to < 110 mmHg. If discontinuing dopamine electively, do so gradually over 5-10 minutes.	Caution should be exercised when utilizing an intravenous rate control device. The manufacturer has identified certain factors that can affect flow rate. Temperature variations of 1 degree Celsius can affect flow rate by up to 4%. Also, collapsible containers such as IV bags and the height of the IV bags can alter flow rate. Paramedics must be vigilant at all times to ensure proper drip/flow rates are in effect
6.	Discontinue if complications occur, or as directed by Base Hospital Physician (BHP).	Refer to HSN CPC Dopamine medication reference sheet to review complications.
7.	Document the procedure on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy, which includes: <ul style="list-style-type: none"> • Flow rate • Time of initiation & titration intervals • Associated equipment utilized 	
8.	Document patient condition before & after dopamine infusion	

Expected Outcome: To successfully initiated a dopamine infusion.