



# Class 3 IFT-Paramedic Treatment Protocol 3402

## Vasopressors

Page 1 of 1

Medications administered to manage central hypoperfusion by increasing blood pressure, mean arterial pressure, and improving cardiac output.

**If more than one vasopressor medication is required to maintain blood pressure and perfusion, contact Medical Command for consideration of aeromedical or CCT ground transport.**



A. Perform **Inter-Facility Transport Assessment (IFTA) Procedures Patient Care Protocol 9204** and follow the proper protocol for medical management based on clinical presentation.

B. Continue infusion rate as **ordered by the sending physician**

C. Utilize two (2) peripheral IV lines that are as large bore as possible.

*Utilize a central line and one peripheral if possible if not already completed.*

1. Monitor/Administer crystalloid fluid for up to a total of 30 cc/kg (3 liters maximum) while in transport of totaled from ED for:

- i. sepsis-related hypotension
- ii. lactate level  $\geq$  4mmol/L

a. Administer up to 4 liters maximum by written order of the sending physician or direct MCP order



D. Titrate as needed in increments to maintain minimum systolic blood pressure and/or mean arterial pressure (MAP) as **ordered by the sending physician**.

E. Mean Arterial Pressure (MAP)  $(2 \times \text{diastolic}) + \text{systolic} / 3$

F. Obtain and record temperature for patient prior to or at the beginning of transport and enroute every 30 minutes.

G. Monitor for dyspnea, pulmonary edema, severe tachycardia, hypertension, or signs of infiltration.

H. If patient exhibits signs of hypertension, tachycardia **consult MCP**



I. If signs of infiltration discontinue medication and **contact MCP.**

J. Reassess lung sounds at a minimum after every 500 cc of crystalloid fluid administration for signs of pulmonary edema.

K. If pH is  $< 7.15$  consult sending physician or MCP for possible Sodium Bicarbonate administration



L. See reference sheets for Vasopressors

DRAFT