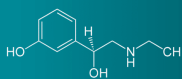


BOLUS- VASOPRESSOREN

Zur Anwendung bei Hypotension nach Intubation oder ROSC, bei „procedural sedation“, in der Peri-Arrest-Situation oder bis kontinuierliche Vasopressoren verfügbar sind.



ETILEFRIN

Effortil®



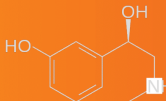
α_1, β_1
 $\uparrow HF, \uparrow CO^*$

Tachykardie
Initial 1-2 mL

 10mg = 1 mL
+ = 1 mg/mL
 9mL NaCl

PHENYLEPHRIN



Neo-Synephrine®



α_1
 $\downarrow HF, \downarrow CO$

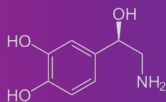
Vorwiegende Wirkung auf α_1 -Rezeptoren
In der angegebenen Dosierung „scharfes Neo“

CAVE: Bradykardie; initial 1-2 mL

 10mg = 1 mL
+ = 0,1 mg/mL
 100mL NaCl

NORADRENALIN



Arterenol®



$\alpha_1, \beta_1, \beta_2$
 $\leftrightarrow HF, \uparrow CO$

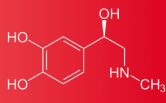
Keine reflektorische Bradykardie
„Nor-Blitz“
DAS Perfusormedikament

CAVE: Arrhythmikum; vorsichtig 1 mL

 1mg Noradrenalin
+ = 0,01 mg/mL
 100mL NaCl

ADRENALIN

Suprarenin®
L-Adrenalin®



$\alpha_1, \alpha_2, \beta_1, \beta_2$
 $\uparrow HF, \uparrow CO$

Inopressor (positiv inotrop)
 β_2 -vermittelte Bronchodilatation
„Supra-Blitz“
Titration nach Wirkung, initial ca. 3-5 mL
CAVE: Arrhythmikum

 1mg = 1 mL
Suprarenin® +  100mL NaCl
ODER = 0,01 mg/mL
 1mg = 10 mL
L-Adrenalin® +  90mL NaCl

*CO = cardiac output

Quellen:

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Dies ist keine Handlungsanweisung – wir weisen darauf hin, dass unbedingt nach lokalen Algorithmen/Krankenhaus-internen Anweisungen gehandelt werden soll.

#FOAMed



Created by Dr. Andreas Schmid