

# M31- NOREPINEPHRINE (LEVOPHED)

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### **ERS HIGH-ALERT MEDICATION (A03)**

# **INDICATIONS**

- Cardiogenic shock (table A)
- Septic, undifferentiated shock, and post cardiac arrest shock (table B)

# **WARNINGS**

#### **USE WITH CAUTION:**

• For prepration instructions refer to H10 (DOUBLE-CHECK DILUTION CALCULATIONS)

#### ABSOLUTE CONTRAINDICATIONS:

- Cardiogenic shock when significant tachycardia cannot be tolerated (e.g. myocardial ischemia)
- Uncorrected hypovolemia<sup>2</sup>

TABLE A: CARDIOGENIC SHOCK		
ACP		
G		

#### NOTE: REFER TO H10 FOR THE CORRECT DILUTION

# ALL AGES:

- Initiate a continuous infusion at 0.05 mcg/kg/min
- Titrate in increments of 0.05 mcg/kg/min every 2 to 3 minutes to the target mean arterial pressure (maximum infusion rate = 2 mcg/kg/min)

TABLE B: SEPTIC, UNDIFFERENTIATE	ED OR POST CARDIAC ARREST SHOCK
INTRAVENOUS (INTRAOSSEOUS) INFUSION	ACP

# NOTE: REFER TO H10 FOR THE CORRECT DILUTION

#### ALL AGES:

- Initiate a continuous infusion at 0.05 to 0.15 mcg/kg/min
- Titrate in increments of 0.05 to 0.15 mcg/kg/min every 2 to 3 minutes to the target mean arterial pressure (maximum infusion rate = 3.3 mcg/kg/min)

# **NOTES**

- 1. Norepinephrine is the initial vasopressor of choice in cardiogenic shock, but may result in significant tachycardia potentially worsening myocardial ischemia.
- 2. Norepinephrine is the preferred agent in septic and undifferentiated shock but may worsen perfusion if a volume deficit is not first corrected.
- 3. When diluting norepinephrine, the syringe must be clearly labelled with the final concentration.

# **LINKS**

- A03 High Alert Medications
- C02.2 Return of Spontaneous Circulation
- C07.1 Undifferentiated Shock
- C07.3 Cardiogenic Shock
- C07.4 Septic Shock
- H10 ERS Medications Formiulary

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	VERSION CHANGES (refer to X08 for change tracking)
• New	