



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
DOPamine



Effective Date: Dec 2011
Revised Date: Nov 2024

CLASSIFICATION
Sympathomimetic

OTHER NAMES
**Revimine
Intropin**

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ADMINISTRATION POLICY:

IV Infusion **Administration restricted to nurses experienced in ED/OR/CARDIAC ROOM/ICU/PACU**
IM Injection – *Not to be administered*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 400 mg/250 mL D5W pre-mixed bag (1600 mcg/mL=1.6 mg/mL)
 800 mg/250 mL D5W premixed bag (3200 mcg/mL= 3.2 mg/mL)

IV Infusion: Pump Library:

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mcg/kg/min	dopa400	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
400 mg premixed	250 mL premixed	250 mL	1.6 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.5 mcg/kg/min		Soft High Dose Limit: 20 mcg/kg/min	

DOSAGE:

IV infusion: 0.5 to 20 mcg/kg/minute – Increase by 1 to 5 mcg/kg/min every 10 minutes until desired response.
Maximum rate: 20 mcg/kg/minute

STABILITY/COMPATIBILITY:

Stability of premixed bag: Change infusion bags every 24 hours
Compatibility: Compatible with D5W, normal saline, combination dextrose/saline solutions, Lactated Ringer



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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Contraindicated in pheochromocytoma, ventricular fibrillation or presence of uncorrected tachyarrhythmias
- Vasoconstriction and tissue ischemia or necrosis may occur with extravasation of the drug
- Ectopic beats, nausea, vomiting, tachycardia, anginal pain, palpitation, dyspnea, headache, hypotension, vasoconstriction
- Use with extreme caution in patients taking MAO inhibitors – prolonged hypertension may result with concurrent use
- Use with caution in patients with a history of occlusive vascular disease

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Assure adequate circulatory volume to minimize need for vasoconstrictors when used in hemodynamic support
- Peripheral administration into a large vein (to prevent the possibility of extravasation) may be used only as an interim measure until central venous access is established, WATCH IV SITE CLOSELY
- Extravasation of peripherally administered drug can cause serious local irritation and skin necrosis. Stop infusion if extravasation occurs and consider phentolamine. Use a small needle to promptly infiltrate the area with 10 to 15 mL of normal saline containing 5 to 10 mg of phentolamine.
- When discontinuing the infusion, gradually decrease the dose of the dopamine (sudden decrease may cause hypotension)
- Continuous cardiac monitoring during infusion
- Monitor vital signs every 15 minutes during administration then hourly and as needed if stable
- Monitor urine output
- Onset of action: less than 5 minutes. Duration: less than 10 minutes once infusion discontinued.