

Vasopressor and inotropic support

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Vasopressor or inotropic therapy is not indicated as first-line therapy in hypovolaemia. Administration of these agents in the absence of adequate preload rapidly leads to decreased coronary perfusion and depletion of myocardial oxygen reserves. Vasopressor agents (phenylephrine, noradrenaline [nor epinephrine]) are indicated in distributive shock states (sepsis, neurogenic shock) where there is peripheral vasodilation and a low systemic vascular resistance, leading to hypotension despite a high cardiac output. Where the vasodilatation is resistant to catecholamines (e.g. absolute or relative steroid deficiency), vasopressin may be used as an alternative vasopressor. Alexis Frank Hartmann, 1898–1964, paediatrician, St Louis, MO, USA, described the solution; should not be confused with the name of Henri Albert Charles Antoine Hartmann, French surgeon, who described the operation that goes by his name. Sidney Ringer, 1835–1910, Professor of Clinical Medicine, University College Hospital, London, UK. complicated a shock state (e.g. severe septic shock with low cardiac output), inotropic therapy may be required to increase cardiac output and therefore oxygen delivery. The inodilator dobutamine is the agent of choice.

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