

# Accepting Patients on pressors

Patients on Pressors (dopamine, dobutamine, levophed, milrinone) are accepted on a case by case basis and should be reviewed with the MD. Ideally notes should be faxed to MD for review prior to discussion.

We will accept levophed and milrinone only if the plan is to wean with death the expected outcome. The hospital will supply the pressor and the pump with instructions for weaning or allowing the bag to run out. We need to have a plan in place to return the pump.

Dobutamine and dopamine for short or longer term use can be considered on a case by case basis and should be reviewed with MD before any decision is made.

We need to know the concentrations and rates of the drug. We need to be provided instructions for weaning (yes, we can do this but it's nice to have the cardiologist taking care of the patient weigh in based on what they know about the patient)

A PICC or central line needs to be in place for discharge, even for short term expected stays, unless it is acceptable to discontinue the medication if an IV cannot be replaced.

Also we need to know remaining volume of bag (and how many cc's in bag) so that we have some idea of how much time before it runs out.

The family must understand and be in agreement that once the medication runs out, it will be discontinued.