

POCKET INTENSIVIST: VASOPLEGIA MANAGEMENT

1) DIVERSIFY VASOPRESSORS

- Add pressor with different mechanism of action: Adrenergic vs Vasopressin vs Angiotensin
- If patient taking an ACEi or ARB, consider early addition of vasopressin

2) STEROIDS

- Early stress dose steroids (hydrocortisone 100mg IV x1, then 50mg IV q6)

3) CORRECT ACIDEMIA

- Increase minute ventilation on ventilator to compensate for metabolic acidosis
- NaHCO_3 50-100mEq IV (1-2 amps) to help break vicious cycle of acidemia-vasoplegia

4) CALCIUM

- Aggressively correct even mild hypocalcemia (iCa)
- Low threshold for empiric Ca in patients on a CCB, getting massive transfusion, or on CRRT

5) CORRECT BRADYCARDIA

- Inappropriate bradycardia can magnify the effect of vasoplegia, often happens in patients on BB
- Add a chronotropic agent (eg: epinephrine gtt) to increase heart rate

6) RESCUE DRUGS

Methylene blue 1-2mg/kg (+/- gtt at 0.5-1mg/kg/hr)

- Hard contraindication: SSRI, SNRI, or MAOI
- Hard contraindication: Pregnancy
- Renal or liver failure: decrease dose to 1mg/kg x1
- Use with care pulmonary HTN and RV failure because increases pulmonary pressures

Hydroxocobalamin 5-10g IVPB (+/- gtt at 250-500mg/hr)

- Ok in SSRI, SNRI, MAOI
- No dose adjustment in renal or liver failure
- Not studied in pregnancy...
- Use with care in pulmonary HTN and RV failure because increases pulmonary pressures