Dobutamine Intravenous for Adults



Who can administer

Administration RESTRICTED: see Appendix 1

Important information

Cardiovascular monitoring required (see monitoring requirements)

For Y-site compatibility see below

Available preparations

Dobutamine 250mg per 20ml ampoule

Reconstitution

Already in solution

Draw up using a 5 micron filter needle

Dilute further prior to administration

Infusion fluids

Sodium chloride 0.9% or Glucose 5%

Methods of intravenous administration

Continuous intravenous infusion(adminster using an electronically controlled infusion device)

Add 250mg dobutamine to make a final volume of 50ml, 250ml or 500ml of infusion fluid:

Amount to add (mg)	Final vol (ml)	Final concentration		
250mg	50ml	5mg per ml (5,000micrograms per ml) (usual strength)	Central line only (unless as part of St Marys ward protocol-CLN-CR-083)	
250mg	250ml	1mg per ml (1,000 micrograms per ml)	Central line or large peripheral vein (ref 2)	
250mg	500ml	0.5mg per ml (500 micrograms per ml)		

- Set up as a continuous infusion and adjust rate according to dose information opposite
- Provided the concentration is not >5mg/ml, larger volumes of infusion may be prepared e.g. 500mg in 100ml
- Fluid restricted patients: If absolutely necessary, anecdotal evidence suggests a 10mg/ml or even undiluted solution may be given via a central line (ref 1)

Dose in adults

Usual dose

- 2.5 to 10 microgram/kg/minute, adjusted according to response
- For a 70kg patient (using 250mg in 50ml) this corresponds to 2.1 to 8.4ml/hour
- Doses up to 40 microgram/kg/minute have been required, but this is rare
- It is recommended that treatment with dobutamine should be discontinued gradually

Using a 250mg in 50ml solution							
Dose (micrograms/kg/minute)	2.5	5	7.5	10			
Weight (KG)	Rate in ml per hour						
40	1.2	2.4	3.6	4.8			
45	1.4	2.7	4	5.4			
50	1.5	3	4.5	6			
55	1.7	3.3	5	6.6			
60	1.8	3.6	5.4	7.2			
65	2	3.9	5.9	7.8			
70	2.1	4.2	6.3	8.4			
75	2.3	4.5	6.8	9			
80	2.4	4.8	7.2	9.6			
85	2.6	5.1	7.7	10.2			
90	2.7	5.4	8.1	10.8			
95	2.9	5.7	8.6	11.4			
100	3	6	9	12			
105	3.2	6.3	9.5	12.6			
110	3.3	6.6	9.9	13.2			
115	3.5	6.9	10.4	13.8			
120	3.6	7.2	10.8	14.4			

Table 1: Dobutamine 250mg in 50ml (5mg per ml) - rates of administration

Other concentrations

- If using a **250mg in 250ml** strength (1mg/ml)- you can **multiply the rates in Table 1 by five** to get the appropriate rate in ml/hour
- Example: for a 95kg patient on 5 micrograms/kg/minute- using a 250mg in 50ml solution, the rate is 5.7ml per hour. If using a 250mg in 250ml strength, the rate is 28.5ml per hour

Monitoring

- Heart rate and rhythm, arterial blood pressure and infusion rate should be monitored closely
- Telemetry monitoring required (But see also guideline 'Continuous Dobutamine infusion in the

treatment of refractory fluid overload in patients with Advanced Heart Failure in St Marys ward in University Hospital Galway'- see Q-Pulse document CLN-CR-083- telemetry monitoring may not be required in a certain subset of patients)

Further information

- Solutions of dobutamine may have a pink discolouration
- This discolouration, which will increase with time results from a slight oxidation of the drug
- However there is no significant loss of drug potency during the 24 hour infusion period
- For information concerning continuous **dobutamine infusion** in the treatment of refractory fluid overload **in ward areas**, see Q pulse policy CLN-CR-083

Storage

- Store below 25°C
- A slight pink discoloration should not concern those administering the drug

References

SPC November 2020

- 1: Critical care group. Minimum infusion volumes 4th edition 2012
- 2: Injectable Medicines Administration Guide Medusa downloaded 8th Dec 2021

Therapeutic classification

Inotropic sympathomimetics