









# Vasoactive Agent Management

	 Use norepinephrine as first-line vasopressor.
<i>For patients with septic shock on vasopressors</i>	 Target a MAP of 65 mm Hg.
	 <b>Consider</b> invasive monitoring of arterial blood pressure.
<i>If central access is not yet available</i>	 <b>Consider</b> initiating vasopressors peripherally.*
<i>If MAP is inadequate despite low-to-moderate norepinephrine</i>	 <b>Consider</b> adding vasopressin.
<i>If cardiac dysfunction with persistent hypoperfusion is present despite adequate volume status and blood pressure</i>	 <b>Consider</b> adding dobutamine or switching to epinephrine.

-  Strong recommendations are displayed in green
-  Weak recommendations are displayed in yellow.

\*When vasopressors are used peripherally, they should be administered only for a short period of time and in a vein proximal to the antecubital fossa.