

PROTOCOL FOR: Dobutamine: IV Administration of Low Dose Dobutamine

**POLICY:** Low-dose Dobutamine (5 mcg/kg/min) may be administered on Oncology 6.

**DESIRED PATIENT  
OUTCOME:**

1. Patient will demonstrate stable blood pressure.
2. Patient will not suffer negative side effects of dobutamine.

**CLINICAL  
ASSESSMENT  
AND CARE:**

A. Prior to Starting Infusion:

1. Validate solution concentration per MD order.  
Suggested concentrations  single 500mg/500cc D<sub>5</sub>W or NS  
double 1000mg/500cc D<sub>5</sub>W or NS.
2. Perform baseline assessment:
  - a. LOC
  - b. VS (temperature, BP, apical HR, respirations, oxygen saturation)
  - c. Skin color, peripheral perfusion, and body temperature
  - d. Heart and lung sounds
3. Calculate dosage in mcg/Kg/min only. A recent patient weight is necessary.

B. Beginning the Infusion:

1. Start at 1mcg/Kg/min unless otherwise ordered.
2. Increase by 1mcg/Kg/min, or per MD order, every 5 - 10 minutes at tolerated until desired dose is reached.
3. Stay with patient at bedside for the initial 15 minutes of infusion to assess and document:
  - a. LOC
  - b. VS
  - c. Chest discomfort, SOB

C. Care during Infusion:

1. Take vital signs (including BP) q 1 hour times 3.
2. If patient's vital sign stable do vital signs q 4 hours or as ordered by MD.
3. Strict I + O. Some patients may benefit from placement of a foley catheter.
4. Weight patient daily.
5. Notify physician of:
  - a. Changes in BP
  - b. SOB
  - c. Intolerable headache

D. Potential Complications:

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1. Use assessment intervals to validate the presence or absence of complications:
  - a. Changes in BP:
    - i. Notify physician
  - b. Headache:
    - i. Give analgesics as ordered
    - ii. Reduce stimuli, keep HOB at 30°
    - iii. If pain intolerable, notify physician

E. Discontinuation of Infusion:

1. Begin downward titration with physician's order. Assess for signs of decreased CO, .i.e., hypertension, decreased urinary output, decreased mental acuity.  
Note: Can be used for up to 72° without decrease in effectiveness.

- PATIENT TEACHING:**
1. Reinforce the rationale for Dobutamine therapy.
  2. Review potential side effects associated with Dobutamine such as SOB and chest pain and instruct the patient to report these adverse reactions.

**APPROVAL:** Nursing Standards Committee

**EFFECTIVE DATE:** 2/00

**REVISION DATES:** 3/02