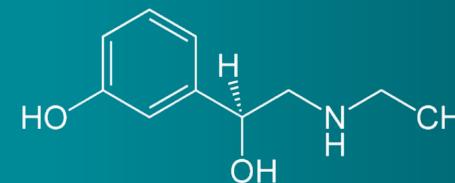


# BOLUS-VASOPRESSOREN

Zur Anwendung bei Hypotension nach Intubation oder ROSC, bei „procedural sedation“, in der Peri-Arrest-Situation oder bis kontinuierliche Vasopressoren verfügbar sind.

## ETILEFRIN

Effortil®



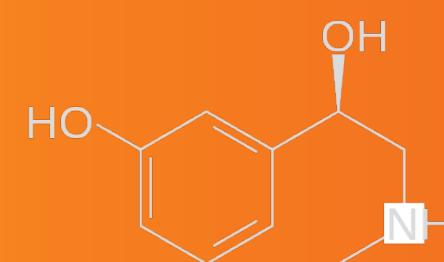
$\alpha_1, \beta_1$   
 $\uparrow HF, \uparrow CO^*$

Tachykardie  
Initial 1-2 mL

10mg = 1 mL  
+ = 1 mg/mL  
9mL NaCl

## PHENYLEPHRIN

Neo-Synephrine®



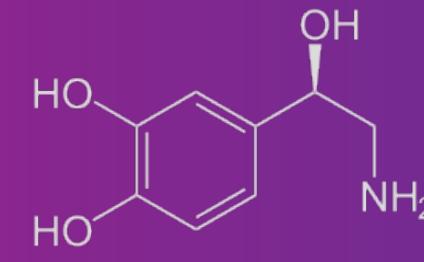
$\alpha_1$   
 $\downarrow HF, \downarrow CO$

Vorwiegende Wirkung auf  $\alpha_1$ -Rezeptoren  
In der angegeben Dosierung „scharfes Neo“  
CAVE: Bradykardie; initial 1-2 mL

10mg = 1 mL  
+ = 0,1 mg/mL  
100mL NaCL

## NORADRENALIN

Arterenol®



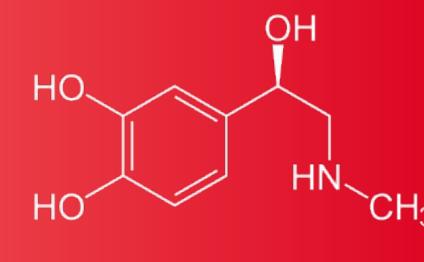
$\alpha_1, \beta_1, \beta_2$   
 $\leftrightarrow HF, \uparrow CO$

Keine reflektorische Bradykardie  
„Nor-Blitz“  
DAS Perfusormedikament  
CAVE: Arrhythmikum; vorsichtig 1 mL

1mg Noradrenalin  
+ = 0,01 mg/mL  
100mL NaCl

## ADRENALIN

Suprarenin®  
L-Adrenalin®



$\alpha_1, \alpha_2, \beta_1, \beta_2$   
 $\uparrow HF, \uparrow CO$

Inotrop (positiv inotrop)  
 $\beta_2$ -vermittelte Bronchodilatation  
„Supra-Blitz“  
Titration nach Wirkung, initial ca. 3-5 mL  
CAVE: Arrhythmikum

1mg = 1 mL Suprarenin® + 100mL NaCl  
ODER  
1mg = 10 mL L-Adrenalin® + 90mL NaCl  
= 0,01 mg/mL

\*CO = cardiac output

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#FOAMed

**YEMA**  
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