



Drug Therapy Protocols: Noradrenaline (norepinephrine)

Policy code	DTP_NOR_0722
Date	July, 2022
Purpose	To ensure a consistent procedural approach to noradrenaline (norepinephrine) administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
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Noradrenaline (norepinephrine)

July, 2022

Drug class^[1,2]

Sympathomimetic

Pharmacology

Noradrenaline is a vasopressor which acts predominantly on α , and to a lesser extent β adrenergic receptors thereby increasing vascular tone.^[1,2]

Metabolism

Noradrenaline is primarily metabolised by monoamine oxidase at the synaptic level.^[1]

Indications

- Shock unresponsive to adequate fluid resuscitation (excluding haemorrhagic causes)

Contraindications

- Nil

Precautions

- Hypertension
- Hypovolaemic shock
- Concurrent MAOI therapy

Side effects^[1,2]

- Reflex bradycardia
- Hypertension
- Extravasation necrosis

Presentation

- Variable (hospital presentations may vary)

Onset (IV)

30 seconds

Duration (IV)

5–10 minutes

Half-life

2 minutes

Schedule

- S₄ (Restricted drugs).

Routes of administration

Intravenous infusion (IV INF)



Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the QAS Clinical Consultation and Advice Line.
- All noradrenaline (norepinephrine) infusions must be initiated using hospital supplies; noradrenaline will not be supplied by QAS.
- Authorised officers should, where possible, administer noradrenaline (norepinephrine) infusions through an appropriately placed CVL.
- Authorised officers should, where possible, use invasive pressure monitoring for patients being administered noradrenaline (norepinephrine) infusions.
- Noradrenaline (norepinephrine) infusions must be administered through a dedicated line.

Adult dosages^[1-3]

Shock unresponsive to adequate fluid resuscitation (excluding haemorrhagic causes)



IV
INF

CCP ESoP aeromedical – RSQ Clinical Coordinator consultation and approval required in all situations.

Commence infusion at **5 microg/minute** (5 mL/hour) and increase by **1–2 microg/minute** every **3–5 minutes** as determined by MAP.

***Syringe preparation:** Mix 3 mg of noradrenaline (norepinephrine) with sodium chloride 0.9% to achieve a final concentration of 3 mg/50 mL (60 microg/mL). Ensure all syringes are appropriately labelled. Administer via syringe driver.*

Paediatric dosages

Note: QAS officers are **NOT** authorised to administer noradrenaline (norepinephrine) to paediatric patients.