

## MEDICATIONS USE IN DSE PROCEDURE

PATIENT'S INFORMATION  
(Please Stick Label)

**Allergic to:**

DOBUTAMINE ☐  
ATROPINE ☐  
NTG ☐

1. Dobutamine stress echo (DSE) is a pharmacological stress which is recommended for patients who are unable to perform treadmill stress.
2. The intravenous infusion of Dobutamine shall be given in accordance to patient's body weight.
  - 2.1. 250mg Dobutamine shall be diluted in 250mls Normal Saline.
  - 2.2. A graded Dobutamine infusion shall start from 5 mcg/kg/min and increase at a 3-minute interval to 10, 20, 30, and 40 mcg/kg/min, as per table below.
  - 2.3. If target heart rate (THR) \*\* does not achieved the minimum requirement (85%) based on age after 12 minutes, ATROPINE will be given along with 40 mcg/kg/min Dobutamine infusion.

Dobutamine 1mg/ml Infusion Rate* (ml/hr)							
Dose (mcg/kg/min)	<54.9 kg	55–59.9kg	60–64.9 kg	65–69.9kg	70–74.9 kg	75–79.9 kg	>80 kg
5	15	16.5	18	19.5	21	22.5	24
10	30	33	36	39	42	45	48
20	60	66	72	78	84	90	96
30	90	99	108	119	126	135	144
40	120	132	144	156	168	180	192

\* As per NCL protocol for DSE procedure based on American Society of Echocardiography Guidelines (Pellikka et al, 2007)

\*\* Target Heart Rate (THR) = (220 – Age)

3. Atropine shall be given after 12minutes of Dobutamine infusion.
  - 3.1. 1mg/ml Atropine shall be diluted with 9ml water for injection.
  - 3.2. 0.25mg Atropine shall be given and observed for the THR.
  - 3.3. If THR does not achieved in 30-seconds interval, another dose of 0.25mg Atropine shall be given.
  - 3.4. The dose of 0.25mg Atropine shall be repeated until a maximum of 2mg Atropine is given to the patient.
  - 3.5. If the minimum THR does not achieve after the maximum dose of Atropine is given, peak dose images captured and the test terminated into recovery stage.

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Allergic to:

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ATROPINE ☐

NTG ☐

Patient Weight : \_\_\_\_\_ kg

### DOBUTAMINE INFUSION:

Dose (mcg/kg/min) given(√)	5	10	20	30	40

Prepared by :

Administrated by :

(\_\_\_\_\_  
(Signature & Name)

Time :

Date :

(\_\_\_\_\_  
(Signature & Name)

Time : (Start time)

Date :

### ATROPINE INJECTION

Total Dose (mg) given(√)	0.25	0.5	0.75	1.0	1.25	1.5	1.75	2.0

Prepared by :

Administrated by :

(\_\_\_\_\_  
(Signature & Name)

Time :

Date :

(\_\_\_\_\_  
(Signature & Name)

Time : (Start time)

Date :

[D] : Doctor's Request

[R] : Refused