

- 1. Consult with receiving or sending physician regarding use or choice of antibiotics.
- 2. Fluid resuscitation endpoints: MAP > 70, Heartrate < 110. Monitor for pulmonary edema.
- 3. Norepinephrine is the preferred vasopressor, adding or substituting Epinephrine when additional drug is needed.

 Dopamine may be used in patients at very low risk of arrhythmias and with a low cardiac output or low heartrate.

 Vasopressin 0.03 units/min. may be added to raise MAP to target or to decrease norepinephrine dose but should not be used as the initial vasopressor.
- 4. Transfuse blood if the patient's hematocrit is 25 or less or hemoglobin is less than 7 -9 g/dl.