

Pressor	Dose Range	Receptors					HR	CO	SVR	Other Notes
		DA	A1	A2	B1	B2				
Epinephrine	1-10mcg/min		yes	yes	yes	yes	↑↑	↑	↑↑	Great for codes. Can be used as a drip if nothing else works.
Norepinephrine (levophed)	0.5-30mcg/min		yes	no	no	no	↔	↔	↑↑	First line for sepsis, then add vasopressin. Does not raise heart rate.
Phenylephrine (neosynephrine)	40-180mcg/min		yes	no	no	no	↔	↔	↑↑	DO NOT EVER USE! Causes vasoconstriction of coronary, carotid, and renal arteries! BAD!
Dopamine	1-5mcg/kg/min	yes	no	no	no		↔	↔	↔	Great initial choice. Affects dopamine receptors at low doses, then B1 receptors. Also, good for cardiogenic shock.
	5-10mcg/kg/min	yes	some	no	yes		↑	↑↑	↔↑	
	10-20mcg/kg/min	yes	yes	no	yes		↑↑	↔↑	↑↑	
Dobutamine	2.5-20mcg/kg/min	no	no	no	yes	some	↔↑	↑↑	↑	First line for cardiogenic shock!
Vasopressin	0.01-0.05units/min						↔	↔	↑↑	Vasopressin receptors. Septic patients need this badly, add to norepinephrine. May cause splanchnic constriction, watch for metabolic acidosis.

Source: Irwin, R. Manual of Intensive Care Medicine. Fourth Edition. 2006.

For an in depth explanation of all of these drugs: http://www.thealo.com/maloblog/blog_comment.asp?bi=340