

Dobutamine - Standard Concentration

Newborn use only

2025

Alert	In conditions with low systemic vascular resistance (SVR) (e.g., septic shock) dobutamine is not the appropriate first drug of choice																																																								
Indication	Inotrope to increase cardiac output in neonates with myocardial dysfunction and unchanged or increased systemic vascular resistance.																																																								
Action	Catecholamine with beta-1 and beta-2 receptor actions which increases myocardial contractility, heart rate and conduction velocity and decreases SVR ¹ . Dose dependent effects: <ul style="list-style-type: none"> • Low dose, 2.5 microgram/kg/min – no significant hemodynamic effects in neonates with cardiovascular compromise • Moderate dose, 5–7.5 microgram/kg/min – increases cardiac output • Higher dose, 5–20 microgram/kg/min – increases cardiac output and blood pressure in hypotensive preterm infants An additional effect of dobutamine on increasing cardiac output has been demonstrated in hypotensive preterm infants receiving dopamine.																																																								
Drug type	Inotropic agent																																																								
Trade name	Abbott Dobutamine Hydrochloride, Dobutamine Sandoz, Dobutamine Hydrochloride DBL, Dobutrex Baxter premade syringe of Dobutamine 1 mg/mL (50mg in 50mL Glucose 5%)																																																								
Presentation	250 mg/20 mL solution for injection; 250mg powder for reconstitution (Dobutrex) Baxter premade 50mg in 50 mL syringe - 1 mg (1000 microgram)/mL in glucose 5%																																																								
Dose	5–20 microgram/kg/minute																																																								
Dose adjustment																																																									
Maximum dose	Use of up to 20 microgram/kg/min reported in neonates																																																								
Total cumulative dose																																																									
Route	Continuous IV infusion																																																								
Preparation	<p>Note: Refer to Appendix for tables to assist with concentration selection.</p> <p><u>20mL Syringe</u></p> <table border="1"> <thead> <tr> <th>Final dobutamine concentration</th> <th>1000 microgram/mL</th> <th>2000 microgram/mL</th> <th>5000 microgram/mL</th> </tr> </thead> <tbody> <tr> <td>Suggested weight</td> <td><1 kg</td> <td>1 to <2 kg</td> <td>≥ 2 kg</td> </tr> <tr> <td>10 microgram/kg/minute</td> <td>0.6 mL/kg/hour</td> <td>0.3 mL/kg/hour</td> <td>0.12 mL/kg/hour</td> </tr> <tr> <td colspan="4">Draw up volume (mL) of dobutamine and add volume (mL) of compatible fluid* to make a final volume of 20 mL.</td> </tr> <tr> <td>Volume of dobutamine (12.5 mg/mL)</td> <td>1.6 mL (=20 mg)</td> <td>3.2 mL (=40 mg)</td> <td>8 mL (=100 mg)</td> </tr> <tr> <td>Volume of compatible fluid*</td> <td>18.4 mL</td> <td>16.8 mL</td> <td>12 mL</td> </tr> <tr> <td>Total volume</td> <td>20 mL</td> <td>20 mL</td> <td>20 mL</td> </tr> </tbody> </table> <p>*Compatible fluid: glucose 5%, glucose 10%, sodium chloride 0.9%</p> <p><u>50mL Syringe</u></p> <table border="1"> <thead> <tr> <th>Final dobutamine concentration</th> <th>1000 microgram/mL[#]</th> <th>2000 microgram/mL</th> <th>5000 microgram/mL</th> </tr> </thead> <tbody> <tr> <td>Suggested weight</td> <td><1 kg</td> <td>1 to <2 kg</td> <td>≥ 2 kg</td> </tr> <tr> <td>10 microgram/kg/minute</td> <td>0.6 mL/kg/hour</td> <td>0.3 mL/kg/hour</td> <td>0.12 mL/kg/hour</td> </tr> <tr> <td colspan="4">Draw up volume (mL) of dobutamine and add volume (mL) of compatible fluid* to make a final volume of 50 mL.</td> </tr> <tr> <td>Volume of dobutamine (12.5 mg/mL)</td> <td>4 mL (=50 mg)</td> <td>8 mL (=100 mg)</td> <td>20 mL (=250 mg)</td> </tr> <tr> <td>Volume of compatible fluid*</td> <td>46 mL</td> <td>42 mL</td> <td>30 mL</td> </tr> <tr> <td>Total volume</td> <td>50 mL</td> <td>50 mL</td> <td>50 mL</td> </tr> </tbody> </table> <p>*Compatible fluid: glucose 5%, glucose 10%, sodium chloride 0.9%</p> <p>[#]Baxter premade 50mL syringe containing 1 mg (1000 microgram)/mL in glucose 5% is available.</p>	Final dobutamine concentration	1000 microgram/mL	2000 microgram/mL	5000 microgram/mL	Suggested weight	<1 kg	1 to <2 kg	≥ 2 kg	10 microgram/kg/minute	0.6 mL/kg/hour	0.3 mL/kg/hour	0.12 mL/kg/hour	Draw up volume (mL) of dobutamine and add volume (mL) of compatible fluid* to make a final volume of 20 mL.				Volume of dobutamine (12.5 mg/mL)	1.6 mL (=20 mg)	3.2 mL (=40 mg)	8 mL (=100 mg)	Volume of compatible fluid*	18.4 mL	16.8 mL	12 mL	Total volume	20 mL	20 mL	20 mL	Final dobutamine concentration	1000 microgram/mL [#]	2000 microgram/mL	5000 microgram/mL	Suggested weight	<1 kg	1 to <2 kg	≥ 2 kg	10 microgram/kg/minute	0.6 mL/kg/hour	0.3 mL/kg/hour	0.12 mL/kg/hour	Draw up volume (mL) of dobutamine and add volume (mL) of compatible fluid* to make a final volume of 50 mL.				Volume of dobutamine (12.5 mg/mL)	4 mL (=50 mg)	8 mL (=100 mg)	20 mL (=250 mg)	Volume of compatible fluid*	46 mL	42 mL	30 mL	Total volume	50 mL	50 mL	50 mL
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Administration	Continuous IV infusion via a central or peripheral line, preferably through a dedicated line to prevent accidental bolus. Do not flush line or suddenly stop infusion. If Dobutrex brand is used reconstitute each vial with 20 mL WFI to make a concentration of 250 mg/20 mL.
Monitoring	Continuous heart rate, ECG and blood pressure monitoring preferable. Assess urine output and peripheral perfusion frequently.
Contraindications	Contraindicated in patients with idiopathic hypertrophic sub aortic stenosis and previous hypersensitivity to dobutamine.
Precautions	May cause hypotension therefore ensure adequate circulating blood volume prior to commencement.
Drug interactions	No evidence of drug interactions demonstrated in clinical studies. Exert caution when co-administering with drugs which can cause hypertension or tachycardia.
Adverse reactions	The positive inotropic and chronotropic effects of dobutamine may cause hypertension, tachyarrhythmias, myocardial ischaemia and ventricular fibrillation. Hypotension may result from vasodilation. May cause hypokalaemia. Phlebitis has been reported.
Compatibility	Fluids: Glucose 5%, glucose 10%, glucose in sodium chloride solutions, glucose 5% in Hartmann's, Hartmann's, sodium chloride 0.9%, sodium chloride 0.45% Y site: ¹⁰ Amino acid solutions, adrenaline hydrochloride, alfentanil, alprostadil, amikacin, amiodarone (for amiodarone strength ≤15 mg/mL) ¹⁰ , atenolol, atracurium besylate, atropine sulfate, azithromycin, aztreonam, caffeine citrate, calcium chloride, calcium gluconate, capreomycin, caspofungin, ceftizoxime, ciprofloxacin, cisatracurium, cisplatin, clarithromycin, clindamycin phosphate, clonidine, dexmedetomidine, digoxin, diltiazem, dopamine, doxycycline, enalaprilat, ephedrine, epinephrine HCL, epoetin alfa, erythromycin lactobionate, esmolol, fentanyl, fluconazole, gentamicin, glycopyrrolate, ketamine, labetalol, leucovorin, levofloxacin, lidocaine, linezolid, lorazepam, magnesium sulfate, methylprednisolone sodium succinate, metronidazole, milrinone, morphine sulfate, multiple vitamin injections, naloxone, netilmicin, nitroglycerin, norepinephrine, octreotide, ondansetron, pamidronate, pancuronium, papaverine, pentoxifylline, potassium acetate and chloride (refer to special comments), procainamide, propranolol, protamine, pyridoxine, ranitidine, remifentanyl, rocuronium, sodium acetate, streptokinase, succinylcholine, tacrolimus, theophylline, thiamine HCL, tobramycin, tolazoline, urokinase, valproate, vancomycin, vasopressin, vecuronium, verapamil, voriconazole, zidovudine, zoledronic acid.
Incompatibility	Fluids: Sodium bicarbonate, alkaline solutions, diluents that contain sodium bisulfite and ethanol. Y site: ¹⁰ Aciclovir, alteplase, aminophylline, amphotericin B cholesteryl sulfate complex, amphotericin B conventional colloidal, amphotericin B lipid complex, amphotericin B liposome, ampicillin, azathioprine, benzylpenicillin, cefazolin, cefepime, cefiderocol, cefotaxime, cefoxitin, ceftazidime, ceftriaxone, cefuroxime, chloramphenicol sodium succinate, cloxacillin, dexamethasone, diazepam, diazoxide, fluorouracil, folic acid (sodium salt), furosemide, ganciclovir, heparin, hydralazine, hydrocortisone sodium succinate, ibuprofen lysine, indometacin, insulin, meropenem, meropenem/vaborbactam, micafungin, oxacillin, pantoprazole, penicillin G potassium, penicillin G sodium, pentobarbital, phenobarbital, phenytoin, piperacillin, piperacillin-tazobactam, propofol, sodium bicarbonate, sulfamethoxazole-trimethoprim, ticarcillin, ticarcillin-clavulanate, warfarin
Stability	Reconstituted solution – Dobutrex brand only: Stable for 6 hours at 25°C and 24 hours at 2 to 8°C. Diluted solution – other brands: Stable for 24 hours at 25°C. Solutions may turn pink and colour will increase with time but with no significant loss of potency. Discard solutions that are hazy or contain particles.
Storage	Vial: Store below 25°C. Protect from light. Discard remaining solution after use.
Excipients	
Special comments	A 1983 report by Kirschenbaum HL ¹¹ observed change in colour when dobutamine was mixed with potassium chloride 20 meq/10 mL. However, Trissel's clinical pharmaceutical database on parenteral compatibility reports compatibility with potassium acetate and chloride. ¹⁰
Evidence	Efficacy Treatment of hypotension in preterm infants: Dobutamine is less effective than dopamine at increasing blood pressure in hypotensive infants but this may not change the clinical outcome. A single study ² reported left ventricular output increased with dobutamine compared to a decrease with dopamine (LOE I,

	<p>GOR C)³.</p> <p>Treatment of low systemic blood flow: Dobutamine increased superior vena cava (SVC) flow with little change in blood pressure, whereas dopamine increased blood pressure with little change in SVC flow. There was no difference in clinical outcome (LOE II, GOR C)⁴⁻⁶.</p> <p>Summary: Dobutamine is recommended to increase cardiac output in neonates with myocardial dysfunction and unchanged or increased systemic vascular resistance (SVR).</p> <p>In conditions with low SVR (e.g., septic shock) dobutamine is not the appropriate first drug of choice¹.</p> <p>Safety</p> <p>No evidence of an effect on the incidence of adverse neuroradiological sequelae (severe periventricular haemorrhage and/or periventricular leucomalacia), or on the incidence of tachycardia. Insufficient data confirming long term benefit and safety of dobutamine³. Common side effects reported were ventricular arrhythmias, tachycardia, hypotension and chest pain (children) (LOE III-2, GOR B)⁷.</p> <p>Pharmacokinetics</p> <p>Dobutamine concentrations positively correlated with infusion dosages. Range of values vary widely between patients despite similar doses⁷. Short half-life around 2 minutes⁸.</p>																																																																																																																																				
<p>Practice points</p>																																																																																																																																					
<p>References</p>	<ol style="list-style-type: none"> Noori, S. and I. Seri, Neonatal blood pressure support: the use of inotropes, lusitropes, and other vasopressor agents. <i>Clin Perinatol</i>, 2012. 39(1): p. 221–38. Roze, J.C., et al., Response to dobutamine and dopamine in the hypotensive very preterm infant. <i>Arch Dis Child</i>, 1993. 69(1 Spec No): p. 59–63. Subhedar, N.V. and N.J. Shaw, Dopamine versus dobutamine for hypotensive preterm infants. <i>Cochrane Database Syst Rev</i>, 2003(3): p. CD001242. Osborn, D., N. Evans, and M. Kluckow, Randomized trial of dobutamine versus dopamine in preterm infants with low systemic blood flow. <i>J Pediatr</i>, 2002. 140(2): p. 183–91. Osborn, D.A., N. Evans, and M. Kluckow, Left ventricular contractility in extremely premature infants in the first day and response to inotropes. <i>Pediatr Res</i>, 2007. 61(3): p. 335–40. Osborn, D.A., et al., Low superior vena cava flow and effect of inotropes on neurodevelopment to 3 years in preterm infants. <i>Pediatrics</i>, 2007. 120(2): p. 372–80. Mahoney, L., et al., A Literature Review of the Pharmacokinetics and Pharmacodynamics of Dobutamine in Neonates. <i>Pediatr Cardiol</i>, 2015 Sep 7. [Epub ahead of print]. Schwartz, P.H., M.K. Eldadah, and C.J. Newth, The pharmacokinetics of dobutamine in pediatric intensive care unit patients. <i>Drug Metab Dispos</i>, 1991. 19(3): p. 614–9. MIMSONline Accessed via CIAP on 29 June 2021. Merative™ Micromedex® Complete IV Compatibility (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: Sep/5/2025). Kirschenbaum HL, Aronoff W, Piltz GW, Perentesis GP, Cutie AJ. Compatibility and stability of dobutamine hydrochloride with large-volume parenterals and selected additives. <i>American journal of hospital pharmacy</i>. 1983 Oct 1;40(10):1690-1. 																																																																																																																																				
<p>Appendix</p>	<p>Infusion tables to assist with concentration selection</p> <p>Table 1: Infusion rates when using dobutamine concentration 1000 microgram/mL (suggested weight <1 kg)</p> <table border="1" data-bbox="336 1608 1487 2087"> <thead> <tr> <th>Rate (mL/hr)</th> <th>0.1</th> <th>0.2</th> <th>0.3</th> <th>0.4</th> <th>0.5</th> <th>0.6</th> <th>0.7</th> <th>0.8</th> <th>0.9</th> <th>1</th> </tr> </thead> <tbody> <tr> <th>Weight (kg)</th> <th colspan="10">Approximate microgram/kg/minute</th> </tr> <tr> <td>0.5</td> <td>3</td> <td>7</td> <td>10</td> <td>13</td> <td>17</td> <td>20</td> <td>23</td> <td>27</td> <td>30</td> <td>33</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> <td>7</td> <td>8</td> <td>10</td> <td>12</td> <td>13</td> <td>15</td> <td>17</td> </tr> <tr> <td>1.5</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> </tr> <tr> <td>2</td> <td>1</td> <td>2</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>8</td> </tr> <tr> <td>2.5</td> <td>1</td> <td>1</td> <td>2</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>3</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>3.5</td> <td><1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>4</td> <td>4</td> <td>5</td> </tr> <tr> <td>4</td> <td><1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>4</td> </tr> <tr> <td>4.5</td> <td><1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td><1</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>3</td> <td>3</td> </tr> </tbody> </table>	Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Weight (kg)	Approximate microgram/kg/minute										0.5	3	7	10	13	17	20	23	27	30	33	1	2	3	5	7	8	10	12	13	15	17	1.5	1	2	3	4	6	7	8	9	10	11	2	1	2	3	3	4	5	6	7	8	8	2.5	1	1	2	3	3	4	5	5	6	7	3	1	1	2	2	3	3	4	4	5	6	3.5	<1	1	1	2	2	3	3	4	4	5	4	<1	1	1	2	2	3	3	3	4	4	4.5	<1	1	1	1	2	2	3	3	3	4	5	<1	1	1	1	2	2	2	3	3	3
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Table 2: Infusion rates when using dobutamine concentration **2000 microgram/mL** (suggested weight 1 to <2 kg)

Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
Weight (kg)	Approximate microgram/kg/minute									
0.5	7	13	20	27	33	40	47	53	60	67
1	3	7	10	13	17	20	23	27	30	33
1.5	2	4	7	9	11	13	16	18	20	22
2	2	3	5	7	8	10	12	13	15	17
2.5	1	3	4	5	7	8	9	11	12	13
3	1	2	3	4	6	7	8	9	10	11
3.5	1	2	3	4	5	6	7	8	9	10
4	1	2	3	3	4	5	6	7	8	8
4.5	1	1	2	3	4	4	5	6	7	7
5	1	1	2	3	3	4	5	5	6	7

Table 3: Infusion rates when using dobutamine concentration **5000 microgram/mL** (suggested weight ≥2 kg)

Rate (mL/hr)	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1
Weight (kg)	Approximate microgram/kg/minute									
0.5	17	33	50	67	83	100	117	133	150	167
1	8	17	25	33	42	50	58	67	75	83
1.5	6	11	17	22	28	33	39	44	50	56
2	4	8	13	17	21	25	29	33	38	42
2.5	3	7	10	13	17	20	23	27	30	33
3	3	6	8	11	14	17	19	22	25	28
3.5	2	5	7	10	12	14	17	19	21	24
4	2	4	6	8	10	13	15	17	19	21
4.5	2	4	6	7	9	11	13	15	17	19
5	2	3	5	7	8	10	12	13	15	17

$$\text{Dose (microgram/kg/min)} = \frac{\text{Rate (mL/hr)} \times \text{Concentration (microgram/mL)}}{\text{Weight (kg)} \times 60}$$

$$\text{Rate (mL/hr)} = \frac{60 \times \text{Dose (microgram/kg/min)} \times \text{Weight (kg)}}{\text{Concentration (microgram/mL)}}$$

VERSION/NUMBER	DATE
Original 1.0	26/05/2025
Version 1.0 (minor errata)	4/09/2025
Current 1.1	18/06/2026
REVIEW	4/09/2030

This standard concentration formulary has been developed by the ANMF standard concentration working group. The working group (in alphabetical order): Mohammad Irfan Azeem, Susanah Brew, Cindy Chen, Michelle Jenkins, Kerrie Knox, Rebecca O'Grady

Authors Contribution of dobutamine formulary

Original author/s	David Osborn, Himanshu Popat, Srinivas Bolisetty
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Nursing Review of the original	Eszter Jozsa, Kirsty Minter, Renae Gengaroli, Priya Govindaswamy
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Facilitator	Srinivas Bolisetty

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