

### **Cardiovascular management in sepsis**

In septic shock, as well as treating the underlying infection, the mainstay of cardiovascular resuscitation is intravenous fluid therapy followed by vasopressor and inotrope treatment. The most commonly used vasopressor and inotropic drugs are norepinephrine and dobutamine. Although these drugs are effective at improving haemodynamics they are known to have serious adverse effects, such as tachyarrhythmias, myocardial damage and peripheral ischaemia, particularly at high dose.

In recent years there has been great interest in non-catecholamine agents. Vasopressin has catecholamine sparing effects and may have particular advantages in maintaining renal perfusion. Angiotensin II has recently become available as another alternative. Levosimendan is a calcium sensitising drug and as well as having inotropic effects is reported to have a number of other effects that could be beneficial in sepsis. We will review the clinical evidence to support if and when these drugs should be used in septic shock.