Drug Therapy Protocols: Noradrenaline (norepinephrine)

Policy code	DTP_NOR_1126
Date	November, 2026
Purpose	To ensure a consistent procedural approach to noradrenaline (norepinephrine) administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
Source of funding	Internal – 100%
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Noradrenaline (norepinephrine)



Drug class[1,2]

Sympathomimetic

Pharmacology

Noradrenaline is a vasopressor which acts predominantly on α, and to a lesser extent β adrenergic receptors thereby increasing vascular tone.[1,2]

Metabolism

Noradrenaline is primarily metabolised by monoamine oxidase at the synaptic level.[1]

Indications

- **Shock unresponsive to adequate fluid resuscitation** (excluding haemorrhagic causes)

Contraindications

- Nil

Precautions

- Hypertension
- Hypovolaemic shock
- Concurrent MAOI therapy

Side effects[1,2]

- Reflex bradycardia
- Hypertension
- Extravasation necrosis

Presentation

- Ampoule, 4 mg/4 mL (1:1,000) *noradrenaline (norepinephrine)*

Onset (IV)	Duration (IV)	Half-life
30 seconds	5–10 minutes	2 minutes

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Noradrenaline (norepinephrine)

Schedule

- S4 (Restricted drugs).

Routes of administration

Intravenous infusion (IV INF) — ACFP, CCFP, HARU E

Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- Authorised officers should, where possible, administer noradrenaline (norepinephrine) infusions through an appropriately placed CVL.
- Authorised officers should, where possible, use invasive pressure monitoring for patients being administered noradrenaline (norepinephrine) infusions.
- Noradrenaline (norepinephrine) infusions must be administered through a dedicated line.

Adult dosages [1–3]

As per LifeFlight standard operating procedures (SOP)

ACFP, CCFP — IV INF

May only be administered on the authority of a LifeFlight Retrieval Medical Officer whilst under direct supervision.

Shock unresponsive to adequate fluid resuscitation

(excluding haemorrhagic causes)

HARU E — IV INF

QAS Clinical Consultation and Advice Line consultation and approval required in all situations.

Commence infusion at **5 microg/minute** (5 mL/hour) and increase by **1–2 microg/minute** every **3–5 minutes** as determined by MAP.

Syringe preparation: *Mix 3 mg of noradrenaline (norepinephrine) with sodium chloride 0.9% to achieve a final concentration of 3 mg/50 mL (60 microg/mL). Ensure all syringes are appropriately labelled. Administer via syringe driver.*

Paediatric dosages

Note: QAS officers are **NOT** authorised to administer noradrenaline (norepinephrine) to paediatric patients.

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