

## **Dopamine Dosing Dilemma**

With reference to the comments made by Sanklecha *et al* (1), I wish to set to rest the 'dilemma' alluded to. The authors have correctly mentioned the rapid way of calculating the amount of dopamine to be added to 100 ml of infusing solution, *i.e.*, six times the body weight in kilograms equals the milligram amount of dopamine to be added to 100 ml of infusate, say, normal saline. Then the rate of infusion in *ml/hour* is numerically equal to the dose required in *mcg/kg/min* (2).

Sanklecha *et al.*(1) presume that the "microdrops" from an infusing burette set are standardized at 60 microdrops per ml. Any one who has counted burette drops at night on call will agree that there is no such thing as a 'standard' burette set! The concept of microdrops is not an accepted international term and conveys no meaning in SI units where 'micro' means 1 /1000 by definition.

The correct way to infuse pressor agents is via an infusion pump which is programmed in ml/h. While extrapolations may be legitimate in the context of locally prevalent practice methods, they do need to be qualified.

**Jyoti Krishna,**

*Chief Resident in Pediatrics,  
Texas Tech University Health Sciences Center,  
Lubbock, Texas 79430.*

### **REFERENCES**

1. Sanklecha MU, Raghavan K, Mehta MN. Dopamine dosing dilemma. *Indian Pediatr* 1995, 32: 607.
2. Emergency Cardiac Care Committee and Subcommittee, American Heart Association. Guidelines for cardiopulmonary resuscitation and emergency cardiac care. VI: Pediatric Advanced Life Support. *JAMA* 1992, 268: 2262-2275.