

DRUGS	INDICATIONS	DOSAGE/ACTIONS
ADENOSINE®	Stable narrow-complex tachycardia (HR>150)	6 mg rapid IV/IO, after 2 minutes may give 2 nd dose of 12 mg; PEDs: 0.1 mg/kg rapid IV/IO. 2 nd dose 0.2 mg/kg
ASPIRIN®	Suspected ACS/AMI	160-325 mg chewable tablet orally
ALBUTEROL/ VENTOLIN®	Asthma, COPD, chronic bronchitis & Toxic smoke inhalation	2.5 mg in 3 ml NS @ 6L, may repeat. PEDs: All ages, 2.5 mg in 3 ml NS @ 6L, may repeat
	Renal failure & Crush injury syndrome	5 mg in 6 ml NS @ 6L, may repeat. PEDs: All ages, 2.5 mg in 3 ml NS @ 6L, may repeat
AMIODARONE/ CORDARONE®	Recurrent VF/Pulseless VT	300mg diluted in 20ml of NS IV/IO. Repeat dose of 150mg diluted in 10ml of NS IV/IO in 3-5 minutes ONE time
	Unstable wide-complex tachycardia (HR>150)	150 mg diluted in 10 ml NS IV/IO over 10 min Repeat q 10 min as needed.
	Stable wide-complex tachycardia (HR>150)	150 mg diluted in 10 ml NS IV/IO over 10 min (REQUIRES MD APPROVAL)
	PEDs VF/Pulseless VT	5 mg/kg IV/IO diluted w/4 ml of NS for q 50 mg. Consider repeat dose of 5 mg/kg IV/IO in 3-5 min Max total dose of 15 mg/kg
	PEDs unstable wide-complex tachycardia	5 mg/kg IV/IO diluted with 4 ml of NS for q 50 mg. Repeat dose of 5 mg/kg over 20-60 minutes
	PEDs stable wide-complex tachycardia	5 mg/kg IV/IO diluted with 4 ml of NS for q 50 mg over 20-60 minutes (REQUIRES MD APPROVAL)
ATIVAN®/ LORAZEPAM	Seizure & Status epilepticus, when midazolam is not available	Dilute 1:1 with NS; administer IV/IO, (IM-don't dilute) 1-2 mg slowly; may repeat 3-5 minutes to a max total dose of 4 mg PEDs: Dilute 1:1 with NS and give IV/IO, (IM -don't dilute), PR 0.1 mg/kg q 3 min to a max total dose of 2 mg
ATROPINE	Bradycardia: with hypotension or escape beats	0.5 mg IV/IO q 3-5 min to a max total dose of 0.04 mg/kg or 3 mg; PEDs: IV/IO 0.02 mg/kg, repeat once if needed.
	Organophosphate poisoning	2-6 mg using 1-3 Mark 1 Kit(s); Elderly/Frail/Child: 1-4 mg IV/IO/IM by PEDs Atropen, MDV, or Mark 1 Infants: 0.05-0.1 mg/kg IV/IO/IM by PEDs Atropen or MDV. Repeat in 10-30 minutes as needed
	RSI	0.5 mg IV/IO to adult pts prior to 2 nd dose of succinylcholine. PEDs: 0.02 mg/kg IV/IO prior to succinylcholine Rx. Max dose of 0.5 mg
BENADRYL®	Anaphylaxis	50 mg IV/IO, give IM if unable to establish IV; PEDs:1 mg/kg IV/IO to a max dose of 50 mg
	Mild/Moderate allergic reactions/urticaria and Dystonia	25-50 mg IV/IM PEDs: 1 mg/kg IV/IO/IM to a max dose of 50 mg
CALCIUM GLUCONATE	Hyperkalemia-w/bradycardia & hypotension or unstable arrhythmia	20 ml of 10%, IV/IO slowly over 1-2 minutes
	Calcium channel blocker overdose –w/above signs	20 ml of 10%, IV/IO slowly over 1-2 minutes
	Crush injury syndrome w/EKG evidence of hyperkalemia	20 ml of 10%, IV/IO slowly over 1-2 minutes
	Treatment prior to release of compression	20 ml of 10%, IV/IO slowly over 1-2 minutes
CHARCOAL	Poisoning	50 gm premix solution given orally; PEDs: 1 gm/kg premix solution given orally (BOTH Require MD and/or Poison Control APPROVAL)
CYANOKIT®	Adult cyanide poisoning	2 vials of 2.5 gm in 100 ml of NS each (mix well). Administer over 7.5 min each to a total dose of 5 gm PEDs: 70 mg/kg
	PEDs cyanide poisoning	PEDs: Not approved for children (in non-US marketing experience, a dose of 70 mg/kg has been used to treat pediatric patients)
D50W	Hypoglycemia (B.S.<60), Renal failure w/hypotension & bradycardia	50 ml of 50% dextrose (25mg) IV/IO, may be repeated
	PEDs/Infant Hypoglycemia (B.S.<60)	IV push, 1 ml/kg, if child <1 year old then dilute with 1:1 NS
DOPAMINE	Hypotension not 2° to hypovolemia and cardiogenic shock	Mix 400 mg/250 ml of NS (1600 mcg/ml), give IV/IO infusion at 5 mcg/kg/min titrated to BP. PEDs: Same as adult
EPINEPHRINE	VF/Pulseless VT, Asystole, PEA	1:10,000 1 mg, IV/IO q 3-5 minutes; Double dose for ET admin
	Asthma, Moderate anaphylaxis	1:1,000 0.01 mg/kg up to 0.3 mg, IM q 5 minutes as needed
	Severe anaphylaxis	1:10,000 0.01 mg/kg up to 0.3 mg, slow IV/IO q 5 minutes as needed; 1:1,000 0.01 mg/kg up to 0.3 mg IM as needed
	PEDs Bradycardia, VF/Pulseless VT, Asystole, PEA	1:10,000 .01 mg/kg up to 1mg, IV/IO q 3-5 min ET RX, 1:1,000 0.1 mg/kg q 3-5 min diluted with 3 ml of NS, if no IV/IO access
	PEDs Moderate anaphylaxis	1:1,000 0.01 mg/kg IM q 5 min to a max dose of 0.3 mg
	PEDs Severe anaphylaxis	1:10,000 0.01 mg/kg IV/IO q 5 min to a max dose of 0.3 mg
ETOMIDATE/ AMIDATE®	Sedation for RSI for patients at risk for hypotension	0.3 mg/kg, IV/IO over 30-60 seconds. PEDs: same as adult.
	Sedation for Emergent cardioversion	0.1 mg/kg, IV/IO over 30-60 seconds. PEDs: same as adult.
FENTANYL	Severe pain, persistent chest pain	0.5-1 mcg/kg, IV/IO/IM may be repeated in 10 min up to max total dose of 3 mcg/kg. PEDs:same as adult, do not give if <2 yrs old
GLUCAGON/ GLUCAGEN®	Hypoglycemia	1 mg, IM/SQ if unable to establish IV and B.S.<60. If pt unresponsive to Glucagon after 10 min or B.S. <35 consider IO for D50 Rx
	PEDs hypoglycemia	0.05mg/kg up to 1 mg, IM/SQ if unable to establish IV and B.S.<60. If unresponsive after 10 min & B.S <35 consider IO for D50 Rx

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IPRATROPIUM/ ATROVENT®	Asthma, COPD, wheezing w/toxic smoke exposure	500 mcg (1 unit dose vial) added to 1 vial of Albuterol and given via nebulizer at 6 LPM O2. Do not repeat.
	PEDs: Respiratory distress with wheezing	500 mcg (1 unit dose vial) added to 1 vial of Albuterol and given via nebulizer at 6 LPM O2. Do not repeat.
LASIX®	Pulmonary edema	0.5-1 mg/kg, IV/IO slow push. For patients already taking Lasix, giving double their daily dose may be appropriate. Contra c Fever/Hypotension
LIDOCAINE	Alternative to AMIODARONE in VF/Pulseless VT	1-1.5 mg/kg, IV/IO. For refractory VF: may give additional 0.5-0.75 mg/kg IV/IO, repeat q 5-10 min to a max of three doses or 3 mg/kg PEDs: 1 mg/kg, IV/IO. Maximum total dose of 100 mg,
	Alternative to AMIODARONE in recurrent unstable VT	Adult & PEDs: Repeat boluses ↓ by 50% in patients: 70 and older, pulmonary edema, hypotensive, liver disease 0.5-0.75 mg/kg, IV/IO up to 1-1.5 mg/kg, repeat q 5-10 minutes. Max total dose of 3 mg/kg. PEDs: 1 mg/kg IV/IO once
	Alternative to AMIODARONE in stable VT. With MD Approval.	Adult & PEDs: Repeat boluses ↓ by 50% in pts: 70 and older, pulm edema, hypotensive, liver disease 0.5-0.75 mg/kg, IV/IO up to 1-1.5 mg/kg, repeat q 5-10 minutes. Max total dose of 3 mg/kg
	RSI	PEDs: same as adult 1 mg/kg, IV/IO. PEDs: same as adult
	Intraosseous infusion for Conscious Pts	20-40 mg of 2 % lidocaine (preservative free) into EZ IO port during intraosseous infusion of initial NS bolus or flush PEDs: 0.5 mg/kg of 2 % lidocaine (preservative free) into EZ IO port prior to the initial NS bolus or flush
MAGNESIUM SULFATE	Seizures in severe toxemia of pregnancy	4 gm of 50% solution diluted with 20 ml NS, IV/IO; 4 gm of 50% solution. 4 gm of 50% solution IM (do not dilute)
	VF/Pulseless VT (Hypomagnesemia or Torsades)	1-2 gm of 50% solution diluted w/10ml NS, IV/IO; PEDs: 25-50 mg/kg of 50% solution diluted 5-10 ml NS over 10-20 min, IV/IO.
NALOXONE/ NARCAN®	Overdose/Coma	0.4 mg, IV/IO/IM with a dose of 1.6 mg 2 min later if the initial dose is unsuccessful. Double the dose for ETT Admin MAD device 2 mg. Up to 10 mg may be required for Darvon, Talwin, Stadol, Nubain, Suboxone, & Fentanyl
	PEDs Overdose/Coma	0.1 mg/kg, IV/IO/IM up to a max dose of 2 mg. Double dose for ET Rx; MAD device: 0.1mg/kg to a max dose of 2 mg
NITROGLYCERIN	Chest pain, Pulmonary edema, Suspected Angina/ACS	0.4 mg tablet SL q 5 min up to 3 tablets as long as BP remains >100 mm/Hg systolic. Contraindicated in RV or posterior MI
OXYMETAZOLINE	Epistaxis, facilitate nasotracheal intubation	2-3 sprays in each bleeding nostril or nostril selected for nasotracheal intubation
RACEMIC EPI	Severe pediatric respiratory distress w/Stridor	>2 YR: 0.5 ml (2.25%) diluted in 3 ml NS via nebulizer; <2 YR: 0.25ml (2.25%) diluted in 3 ml NS via nebulizer
ROCURONIUM/ ZEMURON®	Maintain paralysis of intubated Pt's	0.6mg/kg, IV/IO. (may repeat x1)
	Alternative to SUCCINYLCHOLINE – RSI	0.6mg/kg, IV/IO. Contact medical control prior to admin (may repeat x1) (Not recommended for RSI in PEDs.)
SODIUM BICARBONATE	Post-resuscitation hypotension	1 mEq/kg, IV/IO. PEDs: same as adult
	Cyclic antidepressant overdose	If QRS duration >100 msec, then IV/IO bolus 1 mEq/kg Repeat q 10 minutes x3; PEDs: same as adult
	PEA with acidosis	1 mEq/kg, IV/IO. PEDs: same as adult
	Crush Injury	1 mEq/kg IV/IO. Hyperkalemia: Add Sodium Bicarb 1 mEq/kg to 1000 cc NS, admin wide open. PEDs: same as adult
SUCCINYL- CHOLINE/ ANECTINE®	RSI	Pretreat Adult & PEDs with Lidocaine 1 mg/kg up to 100 mg IV/IO, if head injury is suspected
		Pretreat Adults with Atropine 0.5 mg, IV/IO prior to 2 nd dose of succinylcholine
		Pretreat PEDs with Atropine 0.02 mg/kg, IV/IO prior to initial dose of succinylcholine
		Pretreat conscious pts with Versed or if the patient is hypotensive and older than 10 years, administer Etomidate SUX: ADULT or PEDs: 1.5 mg/kg, IV/IO. May repeat x1; IM 3 mg/kg to total of 150 mg
VECURONIUM/ NORCURON®	Maintain paralysis of intubated Pts	0.1 mg/kg, IV/IO. May repeat x 1. PEDs: same as adult, do not give if <7 weeks old
	Alternative to SUCCINYLCHOLINE – RSI	0.1 mg/kg, IV/IO. May repeat x 1. PEDs: same as adult, do not give if <7 weeks old (REQUIRES MD APPROVAL) Note: Reconstitute powder with 10 ml of Normal Saline (1 ml of NS to each 1 mg of drug)
VERSED®/ MIDAZOLAM	Seizures*, pacing, sedation p intubation, pre-RSI or Cardioversion	1-2 mg, IV/IM q 3 min up to a max dose of 6 mg. PEDs: IV/IM/PR/IO 0.05-0.1 mg/kg q 3 min up to a max dose of 2 mg
	Excited delirium*, severe agitation*	2.5 mg, IV/IM q 3-5 min up to a max dose of 10 mg. PEDs: IV/IM/PR/IO 0.05-0.1 mg/kg q 3min up to a max dose of 2 mg
	Asterisked adult and all PEDs indications	Note: *May be given via MAD to adults at dose of 5 mg. May be given via MAD to PEDs at 0.2 mg/kg to a max dose of 2 mg
ZOFRAN®	Nausea & vomiting	4 mg, IV/IM undiluted, give over 30-300 seconds, may repeat x1 PEDs: same as adult for children >40 kg; 0.1 mg/kg for children <40 kg