

EPINEPHRINE (Adrenaline)

ACTION: Sympathomimetic

- Catecholamine (sympathomimetic) with alpha and beta adrenergic action.
- Results in increased heart rate, systemic vascular resistance, and blood pressure. It also causes bronchodilation due to its effects of beta-2 adrenergic receptors.

INDICATIONS:

- All cardiac arrest patients, including V-Fib, pulseless V-Tach, asystole and PEA.
- Anaphylaxis.
- Severe bronchospasm.
- Refractory symptomatic bradycardia.

CONTRAINDICATIONS:

- None in cardiac arrest.
- Tachydysrhythmias.
- Use with extreme caution for severe asthma or allergic reactions in patients >age 40 or in patients with coronary artery disease since myocardial ischemia may be precipitated.
- Intravenous Epinephrine should **only** be used in extreme emergencies or cardiac arrest. Use intramuscular initially for patients with anaphylaxis.

POTENTIAL SIDE EFFECTS:

- Increased myocardial O₂ demand leading to chest pain and myocardial ischemia.
- Tachydysrhythmias including V-Tach and V-Fib.
- Headache and dizziness.
- Nausea and vomiting.

ADULT DOSE/ROUTE:

- ⇒ **For indications other than cardiac arrest including anaphylaxis:** (1:1,000) 0.3mg IM. May repeat x1. If hypotension not responding to IM Epinephrine x2 or IV fluid boluses, give Epinephrine (1:10,000) IV 0.1mg slow IV/IO over 5 minutes. Max IV dose 0.3mg.
- ⇒ **Cardiac Arrest:** (1:10,000) 1mg IVP/IO at the time intervals specified in Protocol 2.04 Cardiac Arrest - VF/pulseless VT and asystole/PEA.

PEDIATRIC DOSE/ROUTE:

- ⇒ **For indications other than cardiac arrest including anaphylaxis:** (1:1,000) 0.01 mg/kg IM in anterolateral thigh. May repeat x1 in 5 minutes.
- ⇒ **Cardiac Arrest:** 0.01 mg/kg IVP/IO (1:10,000) at the time intervals specified in Protocol 2.04 Cardiac Arrest – VF/pulseless VT and asystole/PEA.

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