Drug Reference

Drug	Indication	Dosing	Cautions	Comments
Acetaminophen	Moderate to severe pain	1 gm over 15 minutes for patients greater than 50 kg	Active liver disease, history of transplant, patients currently taking Acetaminophen containing products such as cold/cough medicine, percocet or vicodin	Should not be directly administered into IV site. Set up as piggyback. Not for use in patients with chest pain of cardiac origin.
Adenosine	Narrow complex tachycardia	Initial – 6mg rapid IV Repeat – 12mg rapid IV Follow each dose with 20ml NS rapid IV Refer to pediatric dosing guide	May cause transient heart block or asystole. Use caution when patient is taking carmbamazepine, dipyramidole, or methylxanthines. Do not administer if patient is experiencing acute asthma exacerbation.	Side effects include: chest pressure/pain, palpitations, hypotension, dyspnea, or feeling of impending doom.
Albuterol	Bronchospasm	5mg nebulized Repeat as needed 5mg nebulized Repeat as needed	Use caution in patients taking MAOIs (antidepressants Nardil and Parnate)	None
	Crush injury - hyperkalemia	5mg nebulized continuously		
Amiodarone	V-Fib Pulseless V-Tach	Initial – 300mg IV/IO Repeat – 150mg IV/IO if rhythm persists Refer to pediatric dosing guide	In patients with pulses, may cause hypotension. Do not administer if patient is hypotensive. Do not use filter needle.	When creating infusion, careful mixing is needed to avoid foaming of medication.
	Symptomatic stable V-Tach	Initial – 150mg IV/IO drip over 10 minutes Repeat – 150mg IV/IO if needed		

Drug Reference

Drug	Indication	Dosing	Cautions	Comments
Aspirin	Chest pain – suspected cardiac or STEMI	324mg PO	Contraindicated in aspirin or salicylate allergy.	Blood thinner use is not a contraindication.
Atropine	Organophosphate overdose	Refer to pediatric dosing guide	Doses less than 0.5mg can cause paradoxical bradycardia.	Can dilate pupils, aggravate glaucoma, cause urinary retention, confusion, and dysrhythmias including V-Tach and V-Fib. Increases myocardial oxygen consumption. Bradycardia in children is primarily related to respiratory issues – assure adequate ventilation first.
Calcium Chloride	Hydrofluoric acid exposure	500mg IV/IO for tetany or cardiac arrest	Use cautiously or not at all in patients on digitalis. Avoid extravasation. Rapid administration can cause dysrhythmias or arrest.	Administer 20ml flush IV/IO when delivering in conjunction with Sodium Bicarbonate.
	Crush injury Suspected hyperkalemia	1g IV/IO over 60 seconds		
Dextrose 10%	Hypoglycemia	Initial - 100ml IV Repeat – 150ml if glucose remains ≤ 60mg/dl	Can cause tissue necrosis if IV is infiltrated	Recheck blood glucose after administration.
		Refer to pediatric dosing guide		
Diphenhydramine	Allergic reaction	50mg IV/IO/IM	None	None
		Refer to pediatric dosing guide		
	Dystonic reaction	25-50mg IV/IO or 50mg IM		

Drug Reference

Drug	Indication	Dosing	Cautions	Comments
Epi 1:100,000 Push Dose Epi	Adult post resuscitation (ROSC) with systolic BP < 90mmHg	10mcg (1 ml) IV/IO every 3 minutes to a systolic BP > 90 mmHg	Use caution when mixing to make the correct concentration of EPI (1:100,000). Dose should be provided by drawing up only what will be administered to prevent possible overdosing.	**With Base contact**, Push Dose EPI can be administered in patients with hypotension (systolic BP <90mmHg) in Sepsis after fluid administration. LP15 Monitor should be set to cycle BP every 3 minutes.
Epi 1:10,000	Cardiac arrest	1mg IV/IO every 3-5 minutes	May cause serious dysrhythmias or exacerbate angina. In adult anaphylactic patients, should be used if patient is hypotensive or no improvement after Epi 1:1,000 IM dose. In pediatric anaphylactic patients, should only be administered if Epi 1:1,000 IM dose is ineffective.	Alpha and beta sympathomimetic. Use ½ dose for patients: • with history of CAD; or • > 50 years of age
	Cardiac arrest/ Bradycardia	Refer to pediatric dosing guide		
	Anaphylactic shock	0.1mg slow IV/IO increments titrated to effect to a max of 0.5mg		
		Refer to pediatric dosing guide		
Epi 1:1,000	Anaphylactic shock	0.3mg IM	Never administer IV/IO. Use with caution in asthma patients with a history of hypertension or coronary artery disease. May cause serious dysrhythmias or exacerbate angina.	Use ½ dose for patients: • with history of CAD; or • > 50 years of age
		Refer to pediatric dosing guide		
	Asthma/COPD or Pediatric respiratory distress	0.3mg IM		
		Refer to pediatric dosing guide		
EpiPen EpiPen Jr.	Allergic reaction/ Anaphylaxis	1 auto-injector	See Epinephrine 1:1,000 and Epinephrine 1:10,000	See Epinephrine 1:1,000 and Epinephrine 1:10,000
		1 auto-injector		

Drug Reference

Drug	Indication	Dosing	Cautions	Comments
Fentanyl	Pain control	Initial - 25-50mcg IV/IO or 50-100mcg IM or 100mcg IN May repeat to max of 200mcg Refer to pediatric dosing guide	Can cause hypotension or respiratory depression.	Recheck vital signs between each dose. Hypotension is more common in patients with low cardiac output or volume depletion. Respiratory depression is reversible with naloxone. Additional IV/IO doses can be administered every 5 minutes. IM and IN doses can be repeated once in 15 minutes.
Glucagon	Hypoglycemia	1mg IM Refer to pediatric dosing guide	None	Effect may be delayed 15-20 minutes
Ketamine	Mild to Moderate Pain	50-69 kg – 15mg IV 70-89 kg – 20 mg IV ≥ 90 kg – 30 mg IV	Contraindicated in patients with multisystem trauma, ALOC and pregnancy	Not for use in patients with chest pain of cardiac origin
Lidocaine	IO anesthetic	Initial – 40mg IO Repeat dose – 20mg if painful Refer to pediatric dosing guide	None	Effect may be delayed 15-20 minutes
Midazolam	Seizure	10mg IM (preferred) 10mg IN (5mg each nare) 6-8 mg IV/IO (if established) May repeat to a max of 10mg Refer to pediatric dosing guide	Use caution in patients over 60 years of age.	Observe respiratory status after administration.

Drug Reference

Drug	Indication	Dosing	Cautions	Comments
Midazolam	Behavioral emergency	Initial - 5mg IM/IN *or* 1-3mg IV in 1mg increments May repeat to a max of 5mg For excited delirium Initial – 5mg IM/IN May repeat to a max of 10mg	Use caution in patients over 60 years of age.	Observe respiratory status after administration. For pediatric patients, repeat orders require Base Hospital orders.
		For patients ≥ 12 years of age only. Refer to pediatric dosing guide		
	Sedation for pacing or cardioversion	1mg IV/IO Titrate in 1-2mg increments to a max of 5mg		
		Refer to pediatric dosing guide		
	Sedation of patient with an advanced airway	2-5mg IV/IO May repeat to a max of 5mg		
		Refer to pediatric dosing guide		
Naloxone	Respiratory depression or apnea	2mg IN or 1-2mg IV/IM	Abrupt withdrawal symptoms and combative behavior may occur.	IN administration preferred unless patient is in shock or has copious secretions/blood in nares. Shorter duration of action than that of narcotics. Titrate to effect of normal respirations; it is not necessary to fully wake the patient.
		Refer to pediatric dosing guide		
Naloxone	Overdose	1 preload syringe	See Naloxone	See Naloxone

Drug Reference

Drug	Indication	Dosing	Cautions	Comments
Nitroglycerin	Chest pain	0.4mg SL May repeat to a max of 3 doses	Do not administer if STEMI is detected. Can cause hypotension and headache. Do not administer if systolic BP < 90mmHg or heart rate < 50. Do not administer if patient has taken Viagra, Levitra, Staxyn, or Stendra within past 24 hours or Cialis if taken within 36 past hours.	Perform 12-Lead ECG prior to administration.
	Pulmonary edema	0.4mg SL if systolic BP > 90mmHg 0.8mg SL if systolic BP > 150mmHg May repeat appropriate dose every 5 minutes		
Ondansetron	Vomiting or severe nausea	4mg IV/IO/IM/ODT May repeat after 15 minutes Refer to pediatric dosing guide	Administer IV/IO dose over 1 minute as rapid administration may cause syncope.	None
Sodium Bicarbonate	Tricyclic antidepressant overdose	1mEq/kg IV/IO	Can precipitate with or inactivate other drugs.	Use only if life-threatening or in the presence of hemodynamically significant dysrhythmias. Administer 20ml flush IV/IO when delivering in conjunction Calcium Chloride.
	Crush injury			
	Hyperkalemia	50mEq IV/IO		