

## FORMULARY

### Adenosine (Adenocard)

Class of Drug	Antidysrhythmic.
Mechanism of Action	Slows conduction time through the AV node interrupting the reentry pathways through the AV node and can restore normal sinus rhythm in patients with PSVT, including PSVT associated with WPW syndrome. Adenosine is antagonized competitively by methylxanthines such as caffeine and theophylline and potentiated by blockers of nucleotide transport such as dipyridamole.
Indications	PSVT including that associated with accessory bypass tracts (WPW). When clinically advisable, appropriate vagal maneuvers should be attempted first. Not effective in A-fib, A-flutter, or V-tach.
Contraindications	Second-degree or third-degree A/V block (except in patients with a functioning artificial pacemaker). Sick sinus syndrome (except in patients with a functioning artificial pacemaker). Known hypersensitivity to adenosine.
Adverse Effects	Cardiovascular: Facial flushing, headache, sweating, palpitations, chest pain, hypotension. Respiratory: SOB/dyspnea, chest pressure, hyperventilation, head pressure. CNS: Lightheadedness, dizziness, tingling in arms, numbness, apprehension, blurred vision, burning sensation, heaviness in arms, neck, and back pain. G/I: Nausea.
Precautions	Use with caution in asthmatics, cases of bronchospasm have been reported. Use with caution in hepatic and renal failure.
Dosing/Administration	Adult: 6 mg rapid IV bolus over 1-2 seconds, 20 mL flush. Repeat prn 1-2 min later at 12 mg and 3 <sup>rd</sup> dose prn at 12 mg. Pediatric: 0.1 mg/kg (max 6 mg) over 1-2 seconds, 20 mL flush. Repeat prn 1-2 min later at 0.2 mg/kg (max 12 mg) over 1-2 seconds and 3 <sup>rd</sup> dose prn at 0.2 mg/kg (max 12 mg)
Pregnancy Category	Class C Uncertain safety – animal studies show adverse effect but no human studies exist