

Classification

Sympathomimetic

LA County Prehospital Indications

Anaphylaxis

Cardiac Arrest – Non-Traumatic: cardiac arrest resuscitation, hypotension after return of spontaneous circulation (ROSC) not responsive to IV fluid resuscitation

Cardiac Dysrhythmia: symptomatic bradycardia not responsive to atropine and transcutaneous pacing for adults; and for symptomatic bradycardia unresponsive to oxygenation and ventilation for pediatric patients

Respiratory Distress / Bronchospasm: asthma, reactive bronchospasm (unlikely to benefit in COPD)

Airway Obstruction: stridor or visible airway swelling, croup/tracheitis in pediatrics

Shock / Hypotension: non-traumatic hypotension not responsive to IV fluid resuscitation

Other Common Indications (Not authorized for EMS administration in LA County)

None

Adult Dose

Anaphylaxis

0.5mg (1mg/mL) IM in the lateral thigh, may repeat every 10 min x2 prn, maximum total 3 doses

Cardiac Arrest

1mg (0.1mg/mL) 10mL IV/IO may repeat every 5 min x2, maximum total dose 3mg

Non-traumatic shock (including from symptomatic bradycardia or after ROSC)

Push-dose epinephrine – mix 9mL normal saline with 1mL epinephrine 0.1mg/mL (IV formulation) in a 10mL syringe. Administer push-dose epinephrine 1mL IV/IO every 1-5 min as needed to maintain SBP >90mmHg

Respiratory Distress/Bronchospasm

0.5mg (1mg/mL) IM in the lateral thigh

Airway Obstruction - Stridor

Epinephrine (1mg/mL solution) administer 5mg (5mL) via neb, repeat x1 in 10 min prn

Airway Obstruction – Airway swelling

Epinephrine (1mg/mL) administer 0.5mg (0.5mL) IM, repeat every 10 min prn x2, maximum total 3 doses

Pediatric Dose

Anaphylaxis

0.01mg/kg (1mg/mL) IM, dose per [MCG 1309](#), in the lateral thigh, may repeat every 10 min x2 prn for persistent symptoms, maximum total 3 doses

Cardiac Arrest

0.01mg/kg (0.1mg/mL) IV/IO, dose per [MCG 1309](#), may repeat every 5 min, maximum single dose 1mg, and maximum 3 total doses

Cardiac Dysrhythmia - Symptomatic bradycardia

0.01mg/kg (0.1mg/mL) slow IV/IO push, dose per [MCG 1309](#)

Shock / Hypotension (including hypotension after ROSC)

Push-dose epinephrine – mix 9mL normal saline with 1mL epinephrine (0.1mg/mL) IV formulation in a 10mL syringe. Administer push-dose epinephrine (0.01mg/mL), dose per [MCG 1309](#) every 1-5 min as needed to maintain SBP >70mmHg

Respiratory Distress/Bronchospasm

Epinephrine (1mg/mL) 0.01mg/kg IM in the lateral thigh, dose per [MCG 1309](#)

Airway obstruction – Stridor from croup/tracheitis

<1 year old: **Epinephrine (1mg/mL) 2.5mL via neb**, dose per [MCG 1309](#)

≥ 1 year of age: **Epinephrine (1mg/mL) 5mL via neb**, dose per [MCG 1309](#)

Repeat x1 in 10 min prn, maximum 2 total doses prior to Base contact

Airway obstruction - Airway swelling

Epinephrine (1mg/mL) 0.01mg/kg IM dose per [MCG 1309](#), repeat every 10 min prn x2, maximum 3 total doses prior to Base contact

Mechanism of Action

A naturally occurring catecholamine. Acts directly on alpha and beta adrenergic receptors. It is the most potent activator of alpha receptors vasoconstricting the aorta and peripheral vasculature. Beta 1 stimulation increases inotropy, chronotropy, and AV conduction. Beta 2 stimulation causes bronchial smooth muscle relaxation and vasodilation to internal organs and skeletal muscles.

Pharmacokinetics

Onset is < 2 min IV, 1-3 min IM; duration is 5-10 min IV, 20-30 min IM

Contraindications

None

Interactions

Can be partially deactivated by highly alkaline solutions, such as sodium bicarbonate.

Adverse Effects

Anxiety
CVA or MI (rare, IV only)
Hypertension
Palpitations
Tachydysrhythmias
Tremors

Prehospital Considerations

- Inadvertent IV injection of usual IM formulation and dose constitutes a 10-fold overdose that can result in sudden severe hypertension and possible cerebral hemorrhage.