


Section: Drug Reference  
Subject: ADENOSINE (ADENOCARD®)  
Section #: 348.01  
Issue Date: March 21, 2011  
Revision Date:  
Approved By: 

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## Adenosine

1. CLASSIFICATION
  - a. Endogenous Nucleoside
2. ACTIONS / DESCRIPTIONS
  - a. Slows tachycardia associated with the AV node via modulation of the automatic nervous system without causing negative inotropic effects.
  - b. Interrupts re-entry pathways in supraventricular tachycardia.
  - c. It acts directly on sinus pacemaker cells and vagal nerve terminals to decrease chronotropic and dromotropic activity.
3. INDICATIONS
  - a. Conversion of SVT to sinus rhythm
4. CONTRAINDICATIONS
  - a. Second or third degree AV block
  - b. Poison induced tachycardia
  - c. Volume depletion tachycardia
5. PRECAUTIONS
  - a. Patients taking Digoxin or/and verapamil. Monitor closely for v-fib potential.
  - b. Dipyridamole may potentiate adenosine's effects.
  - c. Methylxanthines may require higher doses.
6. ADVERSE REACTIONS
  - a. Metallic taste
  - b. Hypotension
  - c. Paresthesia (tingling, prickly sensations)
  - d. Shortness of Breath (especially if history of bronchospastic disease)
  - e. Ectopy (transient)
  - f. Lightheadedness/syncope
  - g. Transient periods of sinus bradycardia or asystole
  - h. Chest pressure/pain
7. DRUG ACTION TIME
  - a. Onset = 20 seconds
  - b. Duration = 10 seconds
8. INFORMATIONAL POINTS
  - a. A brief period of asystole (up to 15 seconds) followed by NSR is common.
  - b. Important points for administration:
    - i. Large bore in the antecubital
    - ii. Close port (no three-way)
    - iii. Fast
    - iv. Close to the catheter
    - v. Flush directly after drug administration

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- c. With atrial fibrillation there is transient slowing of the rate due to increase block at the AV node. This will not result in chemical conversion.
- d. Patients on methylxanthines (theophylline) may require larger doses.
- e. Patients taking carbamazepime (Tegretol® ) may be more sensitive.