

adrenaline (diluted) for resuscitation

0.1mg/mL injection (1 in 10 000)

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This is a High Risk Medication ⚠

An overdose can be rapidly fatal.

There are two strengths of adrenaline available. This guideline uses the dilute 0.1mg/1mL form.

For information on undiluted adrenaline, see [adrenaline \(undiluted\) 1mg/mL](#)

Synonyms

Epinephrine

Dose and Indications

Resuscitation

Endotracheal

Gestation	Dose of 0.1mg/mL adrenaline
Preterm	1mL (0.1mg)/dose as a bolus dose
Term	3mL (0.3mg)/dose as a bolus dose

Repeat after 2 to 3 minutes if necessary

50 to 100micrograms/kg (0.5 to 1mL/kg of 1 in 10 000), but as weight is usually not available at birth use above table.

Endotracheal route should only be used if no intravenous access available; if an intratracheal dose is not effective an intravenous dose should be administered as soon as possible

Intravenous

Gestation	Dose of 0.1mg/mL adrenaline
Preterm	0.5mL (0.05mg)/dose as a bolus dose
Term	1mL (0.1mg)/dose as a bolus dose

Repeat after 2 to 3 minutes if necessary

10 to 30micrograms/kg (0.1 to 0.3mL/kg of 1 in 10 000), but as weight is usually not available at birth use above table

Preparation and Administration

Endotracheal

Administered undiluted followed by positive pressure ventilation (PPV)

Intravenous

Only administer *dilute adrenaline 1mg/10mL (1 in 10,000)* for resuscitation.

Gestational Age	Preterm	Term
Dose	0.05mg (=50micrograms)	0.1mg (=100micrograms)
Volume	0.5mL	1mL

Administered as a push

Discard remaining solution.

Compatible Fluids

Glucose 5%, glucose 10%, sodium chloride 0.9%, glucose / sodium chloride combinations

Adverse Effects

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South Australian Maternal & Neonatal Clinical Network
South Australian Neonatal Medication Guidelines Workgroup at:
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Common

Tachycardia, tremor, sweating and hyperglycaemia. Refer to the monograph on adrenaline (undiluted) for a more extensive list of adverse effects.

Monitoring

- > Cardiac monitoring and continuous medical supervision.

Practice Points

- > Caution - there are two strengths of adrenaline available
- > There is insufficient evidence for the use of endotracheal adrenaline, but it is likely that a higher dose will be required to achieve similar blood levels and effect
- > Adrenaline is sensitive to light and air. Protection from light is recommended

Reference

- > Australian Resuscitation Council Guideline 13.7 Medication or fluids for the resuscitation of the newborn infant. December 2010



Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version