## FOR ICU USE ONLY

## **ADRENALINE**

**PRESENTATION:** Ampoules containing 1mg/ml of adrenaline.

**INDICATION:** Inotropic support with variable degree of vasoconstriction

and vasodilation.

Bronchospasm and anaphylaxis.

DOSE AND ADMINISTRATION: ICU STANDARD INTRAVENOUS INFUSION

The infusion prepared depends on the dose and infusion rate. See table below.

Strength	Adrenaline (mg)	Glucose 5% (ml)	Comments
Single Strength	8mg	100ml	Remove volume of
Final concentration	20mg	250ml	glucose 5% from
80 micrograms/ml	40mg	500ml	bag equivalent to
Double strength			volume of
Final concentration	40mg	250ml	adrenaline which is
160 micrograms/ml	80mg	500ml	to be added
Quadruple strength			
Final concentration	80mg	250ml	
320 micrograms/ml	160mg	500ml	

Initially 1-7mls/hour (0.01-0.1 micrograms/kg/min) of single strength titrated to required level.

Infuse through a central venous catheter.

Single Strength may be infused via a large peripheral vein until central venous access is established. Closely monitor the insertion site for the development of phlebitis.

**CONCENTRATION:** 80micrograms/ml

160micrograms/ml 320micrograms/ml

**STABILITY:** Physically and chemically stable for 24 hours at room

temperature. Protect from light.

**ADDITIONAL NOTES:** Also stable for 24 hours in 0.9% sodium chloride but more stable

in glucose 5%. Do not use if discoloured or has a precipitate.

## References

- 1. Peddicord TE, Olsen KM, Zumbrunnen TL, Warner DJ, Webb L. Stability of high-concentration dopamine hydrochloride, norepinephrine hydrochloride, and nitroglycerin in 5% dextrose injection. Am J Health-Syst Pharm. 1997; 54:1417-9.
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- 3. Minimum Infusion Volumes for fluid restricted critically ill patients. Critical Care Group, UKCPA V 4.4, Dec 2012
- 4. BNF- adrenaline/epinephrine. Accessed 05/08/19 via www.bnf.nice.org.uk
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