

Medications

Drug	Indication	Initial Dosing	Repeat Dosing	Caution
Acetaminophen	Pain Control	IV/IO – 1,000 mg over 15 minutes (1 drop/sec w/ 10 drop/ml tubing – administer over 15 min)	Do not repeat	<ul style="list-style-type: none"> Do not administer if patient has taken more than 2,000 mg in past 24 hours. Do not administer to patients with severe liver impairment/disease.
	Fever $\geq 100.5^{\circ}$ F or 38° C			
Adenosine	Narrow complex tachycardia	Initial – 6 mg rapid IV Follow with 20 ml NS rapid IV	Repeat x1 – 12 mg rapid IV Follow with 20 ml NS rapid IV	May cause transient heart block or asystole. Use $\frac{1}{2}$ dose for patients taking carbamazepine or dipryamidole. Do not administer if patient is experiencing acute asthma exacerbation.
Albuterol	Bronchospasm	5 mg nebulized or 6 puffs MDI with spacer	Repeat as needed	<ul style="list-style-type: none"> Use continuous cardiac monitoring with patients taking MAOI antidepressants (phenelzine and tanylcypromine) When using MDI, always use a spacer.
	Crush injury/Hyperkalemia	10 mg nebulized continuously or 6 puffs MDI with spacer	Repeat as needed	
Aspirin	Chest pain – suspected cardiac or STEMI	324 mg PO	Do not repeat	<ul style="list-style-type: none"> Contraindicated in aspirin or salicylate allergy. Blood thinner use is not a contraindication.
Atropine	Symptomatic bradycardia	Initial – 1 mg IV/IO	Repeat every 3-5 min. to a max of 3 mg.	<ul style="list-style-type: none"> Can dilate pupils, aggravate glaucoma; cause urinary retention, confusion, and dysrhythmias (V-Tach/V-Fib). Increases myocardial O₂ consumption. Bradycardia in children is often respiratory related; ensure adequate ventilation first. Doses < 0.5mg can cause paradoxical bradycardia.
	Organophosphate overdose	Initial – 1-2 mg IV/IO/IM	Repeat every 3-5 min. until relief of symptoms is achieved	
Calcium Chloride	Calcium channel blocker OD	1 g IV/IO over 60 seconds	Do not repeat	Use cautiously or not at all in patients on digitalis. Avoid extravasation. Rapid administration can cause dysrhythmias or arrest.
	Crush injury			
	Hyperkalemia			
Dextrose 10%	Hypoglycemia	Initial – 100 ml IV/IO	Repeat – 150 ml if glucose remains ≤ 70 mg/dl and patients remains altered	<ul style="list-style-type: none"> Can cause tissue necrosis if IV/IO is infiltrated. Recheck blood glucose after administration.
Diphenhydramine	Allergic reaction	50 mg IV/IO/IM	Do not repeat	May cause drowsiness.
	Nausea in pregnancy < 20 weeks	25 mg IV/IO/IM		
	Dystonic reaction	25-50 mg IV/IO or 50 mg IM		
Dopamine	Persistent hypotension unrelated to hypovolemia	400 mg in 250 ml NS Infuse at 5-20 mcg/kg/min titrated to response	Do not repeat	None
Epi 1:1,000	Anaphylaxis	0.3 mg IM	May repeat x 1 after 5 min	<ul style="list-style-type: none"> Never administer IV/IO. Use with caution in asthma patients with a history of hypertension or coronary artery disease. May cause serious dysrhythmias or exacerbate angina.
	Asthma/COPD or respiratory distress	0.3 mg IM	May repeat x 1 after 5 min	
	Stridor	5 mg nebulized	Do not repeat	
Epi 1:10,000	PEA/Asystole	1 mg IV/IO	May repeat every 3-5 min. to a max of 3 mg	<ul style="list-style-type: none"> May cause serious dysrhythmias or exacerbate angina. In adult anaphylactic patients, should be used if patient is hypotensive or no improvement after two (2) Epi 1:1,000 IM doses.
	V-Fib/Pulseless V-Tach	1 mg IV/IO	May repeat every 3-5 min. to a max of 3 mg	
	Anaphylaxis (bradycardia after max Epi 1:1,000 IM)	0.1 mg slow IV/IO	May repeat every 3-5 min. as needed to a max of 0.5 mg	
EpiPen	Allergic reaction/Anaphylaxis	1 auto-injector	May repeat x1 after 5 min. if no improvement	None
Fentanyl	Pain control	IV/IO – 50 mcg initial	May repeat every 5 min. to max of 200 mcg	<ul style="list-style-type: none"> Recheck vital signs between doses. Respiratory depression is reversible with naloxone. Contraindicated in SBP < 90mmHg, child birth or active labor, sudden onset of severe headache, AMS, suspected closed head injury.
		IM – 50 mcg initial	May repeat x1 after 10 min. to max of 100 mcg	
		IN – 50 mcg ($\frac{1}{2}$ each nare)	Do not repeat	
		<p>! If initial dose is via IN, may repeat by other route to maximum indicated – must account for initial dose when calculating maximum dose.</p>		
Glucagon	Hypoglycemia	IM – 1 mg	May repeat x 1 after 10 min.	Effect may be delayed 15-20 minutes.
	Symptomatic Beta Blocker overdose	IV/IO/IM – 1-3 mg	Do not repeat	
Glucose paste	Hypoglycemia	15 g PO	Do not repeat	Not indicated with AMS or if patient cannot swallow.
Glucola	Hypoglycemia	50 g PO	Do not repeat	Not indicated with AMS or if patient cannot swallow.

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Levalbuterol	Bronchospasm	2.5 mg nebulized	Repeat as needed	Use continuous cardiac monitoring with patients taking MAOI antidepressants (Phenelzine and Tertiarycypromine).
	Crush injury/Hyperkalemia	5 mg nebulized continuously	Repeat as needed	
Lidocaine	Persistent V-Fib/V-Tach	1-1.5 mg/kg IV/IO	May repeat 0.5-0.75 mg/kg to a maximum of 3 mg/kg	<ul style="list-style-type: none"> Use caution with bradycardia. Can cause cardiac dysrhythmia
	IO anesthetic	40 mg IO	Do not repeat	
Midazolam	Seizure	IM – 10 mg	May repeat x1 after 5 min.	<ul style="list-style-type: none"> Use caution in patients over 60 years of age. Monitor respiratory status after administration.
		IN – 10 mg (½ each nare)	May repeat x1 after 5 min.	
		IV if already established – 5 mg	May repeat x1 after 5 min.	
	Hyperactive delirium	5 mg IM/IN	May repeat x1 after 5 min.	
	Sedation for pacing or cardioversion	2.5 mg IV/IO	May repeat to a max of 5 mg	
	Sedation of patient with an advanced airway	2.5 mg IV/IO	May repeat to a max of 5 mg	
Naloxone	Respiratory depression or apnea associated with suspected opioid overdose	2.5 mg IV/IN	Do not repeat	Do not administer if patient is > 50 for dizziness/vertigo.
		IN – 2 mg (½ dose each nare)	Repeat as needed	
Naloxone autoinjector/preload	Overdose	IM/IV - 1-2 mg	Repeat as needed	See Naloxone
		1 preload syringe	Repeat as needed	
Nitroglycerin	Chest pain	0.4 mg SL if BP > 110mmHg	May repeat as needed every 5 min.	<ul style="list-style-type: none"> Can cause hypotension and headache. Do not administer if systolic BP < 110mmHg or heart rate < 50. Do not administer if patient has taken Viagra, Levitra, Staxyn, or Stendra within past 24 hours or Cialis if taken within 36 past hours.
	Pulmonary edema	0.4 mg SL if systolic BP > 110mmHg 0.8 mg SL if systolic BP > 150mmHg	May repeat appropriate dose every 5 min.	
Ondansetron	Vomiting or severe nausea	4 mg IV/IO/IM/ODT	May repeat after 15 min. to a maximum of 12 mg	<ul style="list-style-type: none"> Administer IV/IO dose over 1 min. as rapid administration may cause syncope. For patients with nausea who are < 20 weeks pregnant, consider Diphenhydramine.
	Nausea in pregnancy > 20 weeks	4 mg IV/IO/IM/ODT	May repeat after 15 min. to a maximum of 12 mg	
Sodium Bicarbonate	Tricyclic antidepressant overdose	1 mEq/kg IV/IO	Do not repeat	<ul style="list-style-type: none"> Can precipitate with or inactivate other drugs. Use only if life-threatening or in the presence of hemodynamically significant dysrhythmias.
	Crush injury	1 mEq/kg IV/IO		
	Hyperkalemia	1 mEq/kg IV/IO		
	Cardiac arrest with known renal failure	1 mEq/kg IV/IO		
Suboxone	Opioid withdrawal	Base Hospital order required SL – 16 mg (sublingual)	May repeat x 1 with 8 mg after 10 min. Maximum dose = 24 mg	If patient requests to AMA after administration, recontact Base Hospital.
Valium	Hazmat/WMD exposure	Refer to dosing guide attached to ChemPak kit	Refer to dosing guide attached to ChemPak kit	None