



## PROCEDURES PROC-27

## PUSH DOSE EPINEPHRINE

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### Indications:

- Delayed Sequence Intubation (PROC-01F)
- Sepsis (AM-14)
- Non-Traumatic Shock (AM-11)
- Post Cardiac Arrest (ACA-03)

### Contraindications:

- SBP>90
- Hemorrhage – relative. PDE may be used in bleeding/trauma patients undergoing DSI

### General:

- Bolus dose epinephrine is to be utilized as a bridge to vasopressor drip in hypotensive patients with SBP<90. 1mL of 1:10,000 cardiac epinephrine is to be mixed with 9mL of 0.9% normal saline for a final concentration of 10mcg/mL. 20mcg doses may be repeated Q2min PRN SBP<90 until vasopressor drip is initiated.

### Equipment:

- 10mL 0.9% NS syringe and 1mL of 1:10,000 cardiac epinephrine

### Medication:

- Epinephrine is a Beta-1 and Beta-2 receptor agonist that causes increased cardiac contractility, increased peripheral vasoconstriction and bronchodilation.

### Considerations:

- Verbalize mixing steps and final concentration to your partner
- Push dose epinephrine is meant to be a temporizing bridge to vasopressor drip
- Push dose epinephrine should be given in conjunction with a fluid bolus – “Fill the Tank”
- ***If 1:10,000 cardiac epinephrine is unavailable***, then 1mL of 1:1000 epinephrine is to be mixed in a 100mL bag of 0.9% normal saline for a final concentration of 10mcg/mL.