<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
<th>Dosing</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Adenosine</td>
<td>Narrow complex tachycardia</td>
<td>Initial – 6 mg rapid IV Repeat as needed</td>
<td>May cause transient heart block or asystole. Use ½ dose for patients taking carmbazemepine or dipyradimol. Do not administer if patient is experiencing acute asthma exacerbation.</td>
<td>Side effects include: chest pressure/pain, palpitations, hypotension, dyspnea, or feeling of impending doom.</td>
</tr>
<tr>
<td>Albuterol</td>
<td>Bronchospasm</td>
<td>5 mg nebulized</td>
<td>Use caution in patients taking MAOIs (antidepressants Phenelzine and Tanylophenazine)</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Crush injury/Hyperkalem</td>
<td>10 mg nebulized continuously</td>
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</tr>
<tr>
<td>Aspirin</td>
<td>Chest pain – suspected cardiac or STEMI</td>
<td>324 mg PO</td>
<td>Contraindicated in aspirin or salicylate allergy Blood thinner use is not a contraindication.</td>
<td></td>
</tr>
<tr>
<td>Atropine</td>
<td>Symptomatic bradycardia</td>
<td>Initial – 0.5 mg IV/ID Repeat every 3-5 min. to a max of 3 mg</td>
<td>Doses less than 0.5mg can cause paradoxical bradycardia. Can dilate pupils, aggravate glaucoma, cause urinary retention, confusion, and dysrhythmias including V-Tach and V-Fib. Increases myocardial oxygen consumption. Bradycardia in children is primarily related to respiratory issues assure adequate ventilation first.</td>
<td></td>
</tr>
<tr>
<td>Calcium Chloride</td>
<td>Calcium channel blocker OD</td>
<td>1 g IV/IO over 60 seconds</td>
<td>Use cautiously or not at all in patients on digitals. Avoid extravasation. Rapid administration can cause dysrhythmias or arrest.</td>
<td>None</td>
</tr>
<tr>
<td>Dextrose 10%</td>
<td>Hypoglycemia</td>
<td>Initial – 100 ml IV Repeat – 150 ml if glucose remains ≤ 70 mg/dl and patients remains altered</td>
<td>Can cause tissue necrosis if IV is infiltrated</td>
<td>Recheck blood glucose after administration.</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Allergic reaction</td>
<td>50 mg IV/ID/IM</td>
<td></td>
<td>None</td>
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<tr>
<td></td>
<td>Nausea in pregnancy &lt; 20 weeks</td>
<td>25 mg IV/ID/IM</td>
<td></td>
<td>May cause drowsiness</td>
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<tr>
<td></td>
<td>Dystonic reaction</td>
<td>25-50 mg IV/ID or 50 mg IM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dopamine</td>
<td>Persistent hypotension unrelated to hypovolemia</td>
<td>800 mg in 250 ml NS Infuse at 5-20 mcg/kg/min titrated to response</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Epi 1:1,000</td>
<td>Anaphylaxis</td>
<td>0.3 mg IM</td>
<td>Never administer IV/ID. Use with caution in asthma patients with a history of hypertension or coronary artery disease. May cause serious dysrhythmias or exacerbate angina.</td>
<td>None</td>
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<tr>
<td></td>
<td>Asthma/COPD or respiratory distress</td>
<td>May repeat x 1 after 5 min.</td>
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<td></td>
<td>Stridor</td>
<td>5 mg nebulized</td>
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<tr>
<td>Epi 1:10,000</td>
<td>PEA/Asystole</td>
<td>1 mg IV/IO</td>
<td>May cause serious dysrhythmias or exacerbate angina.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>V-Fib/Pulseless V-Tach</td>
<td>May repeat every 3-5 min. to a max of 3 mg</td>
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<tr>
<td></td>
<td>Anaphylaxis (bradycardia after max Epi 1:1,000 IM)</td>
<td>0.1 mg slow IV/IO May repeat every 3-5 min. as needed to a max of 0.5 mg</td>
<td>May cause serious dysrhythmias or exacerbate angina.</td>
<td>In adult anaphylactic patients, should be used if patient is hypotensive or no improvement after two (2) Epi 1:1,000 IM doses.</td>
</tr>
<tr>
<td>EpiPen</td>
<td>Allergic reaction/Anaphylaxis</td>
<td>1 auto-injector</td>
<td>Contraindicated in SBP &lt; 90mmHg child birth or active labor, sudden onset of severe headache, AMS, suspected closed head injury. Can cause hypotension or respiratory depression.</td>
<td>Recheck vital signs between each dose. Hypotension is more common in patients with low cardiac output or volume depletion. Respiratory depression is reversible with naloxone.</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Pain control</td>
<td>IV/IO – 50 mcg initial May repeat every 5 min. to a max of 200 mcg IM – 50 mcg initial May repeat x1 after 10 min. to a max of 100 mcg IV – 50 mcg (% each nare) Do not repeat</td>
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<tr>
<td>Glucagon</td>
<td>Hypoglycemia</td>
<td>IM – 1 mg</td>
<td>None</td>
<td>Effect may be delayed 15-20 minutes</td>
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<td></td>
<td>Symptomatic Beta Blocker overdose</td>
<td>IV/O/IM – 1-3 mg Do not repeat</td>
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<tr>
<td>Glucose paste</td>
<td>Hypoglycemia</td>
<td>24 g PO</td>
<td>Not indicated with AMS or if patient cannot swallow</td>
<td>None</td>
</tr>
<tr>
<td>Glucola</td>
<td>Hypoglycemia</td>
<td>50 g PO</td>
<td>Not indicated with AMS or if patient cannot swallow</td>
<td>None</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>Persistent V-Fib/V-Tach</td>
<td>1-1.5 mg/kg/IV/O May repeat 0.5 mg/kg to a maximum of 3 mg</td>
<td>Use caution with bradycardia. Can cause cardiac dysrhythmia</td>
<td>None</td>
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<tr>
<td></td>
<td>IO anesthetic</td>
<td>40 mg IV/IO</td>
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<tr>
<td>Midazolam</td>
<td>Seizure</td>
<td>IM – 10 mg</td>
<td>Use caution in patients over 60 years of age.</td>
<td>Monitor respiratory status after administration.</td>
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<tr>
<td></td>
<td>Agitated delirium</td>
<td>IN – 10 mg (% each nare) May repeat x 1 after 5 min. or IV if already established – 5 mg May repeat x 1 after 5 min.</td>
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<td></td>
<td>Sedation for pacing or cardioversion</td>
<td>2.5 mg IV/IO May repeat to a max of 5 mg</td>
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<td></td>
<td>Sedation of patient with an advanced airway</td>
<td>2.5 mg IV/IO May repeat to a max of 5 mg</td>
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<td></td>
<td>Dizziness/vertigo</td>
<td>2.5 mg IV/IN</td>
<td>Do not administer if patient is &gt; 50 for dizziness/vertigo</td>
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<tr>
<td>Naloxone</td>
<td>Respiratory depression or apnea associated with suspected opioid overdose</td>
<td>IN – 2 mg ¼ dose each nare or IM/IV - 1-2 mg</td>
<td>Abrupt withdrawal symptoms and combative behavior may occur.</td>
<td>IN administration preferred unless patient is in shock or has copious secretions/blood in nares. Shorter duration of action than that of narcotics. Titrate to effect of normal respirations; it is not necessary to fully wake the patient.</td>
</tr>
<tr>
<td>Naloxone autoinjector/preload</td>
<td>Overdose</td>
<td>1 preload syringe</td>
<td>See Naloxone</td>
<td>See Naloxone</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>Chest pain</td>
<td>0.4 mg SL May repeat as needed every 5 min.</td>
<td>Can cause hypotension and headache. Do not administer if systolic BP &lt; 110mmHg or heart rate &lt; 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.</td>
<td>None</td>
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<tr>
<td></td>
<td>Pulmonary edema</td>
<td>0.4 mg SL if systolic BP &gt; 110mmHg</td>
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<td>0.8 mg SL if systolic BP &gt; 150mmHg</td>
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<td>May repeat appropriate dose every 5 min.</td>
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<tr>
<td>Ondansetron</td>
<td>Vomiting or severe nausea</td>
<td>4 mg IV/O/IM/DDT May repeat after 15 min. to a maximum of 12 mg</td>
<td>Administer IV/O dose over 1 minute as rapid administration may cause syncope.</td>
<td>For patients with nausea who are &lt; 20 weeks pregnant, consider Diphenhydramine</td>
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<tr>
<td></td>
<td>Nausea in pregnancy &gt; 20 weeks</td>
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<tr>
<td>Sodium Bicarbonate</td>
<td>Tricyclic antidepressant overdose</td>
<td>1 mEq/kg IV/O</td>
<td>Can precipitate with or inactivate other drugs.</td>
<td>Use only if life-threatening or in the presence of hemodynamically significant dysrhythmias.</td>
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<tr>
<td></td>
<td>Crush injury</td>
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<td></td>
<td>Hyperkalemia</td>
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<td>Cardiac arrest with known renal failure</td>
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<tr>
<td>Valium</td>
<td>Hazmat/WMD exposure</td>
<td>Refer to dosing guide attached to ChemPak kit</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>