

Adult Drug Reference

| Drug | Indication | Dosing | Cautions | Comments |
|--------------------|---|---|--|--|
| Activated Charcoal | Ingestion – only if recommended by Poison Control | 50 g PO | Contraindicated for patients with AMS, ingestion of acids or alkalis, isolated ingestions of lithium, iron, heavy metals or ethanol | Risk of aspiration. Be prepared for vomiting |
| Adenosine | Narrow complex tachycardia | Initial – 6 mg rapid IV Repeat – 12 mg rapid IV Follow each dose with 20 ml NS rapid IV | May cause transient heart block or asystole. Use ½ dose for patients taking carbamazepine or dipyridole. Do not administer if patient is experiencing acute asthma exacerbation. | Side effects include: chest pressure/pain, palpitations, hypotension, dyspnea, or feeling of impending doom. |
| Albuterol | Bronchospasm | 5mg nebulized Repeat as needed | Use caution in patients taking MAOIs (antidepressants Phenyelzine and Tarnylcypromine) | None |
| | Crush injury/ Hyperkalemia | 10 mg nebulized continuously | | |
| Aspirin | Chest pain – suspected cardiac or STEMI | 324 mg PO | Contraindicated in aspirin or salicylate allergy. | Blood thinner use is not a contraindication. |
| Atropine | Symptomatic bradycardia | Initial – 0.5 mg IV/IO Repeat every 3-5 min. to a max of 3 mg | 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. |
| | Organophosphate overdose | Initial – 1-2 mg IV/IO/IM Repeat every 3-5 min. until relief of symptoms is achieved | | |



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| Calcium Chloride | Calcium channel blocker OD | 1 g IV/IO over 60 seconds | Use cautiously or not at all in patients on digitalis. Avoid extravasation. Rapid administration can cause dysrhythmias or arrest. | None |
| | Crush injury | | | |
| | Hyperkalemia | | | |
| Dextrose 10% | Hypoglycemia | Initial – 100 ml IV Repeat – 150 ml if glucose remains \leq 70 mg/dl and patient remains altered | Can cause tissue necrosis if IV is infiltrated | Recheck blood glucose after administration. |
| Diphenhydramine | Allergic reaction | 50 mg IV/IO/IM | None | May cause drowsiness |
| | For 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 <i>or</i> symptomatic bradycardia | 400 mg in 250 ml NS Infuse at 5-20 mcg/kg/min titrated to response | None | None |
| Epi 1:1,000 | Anaphylaxis | 0.3 mg IM | 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. | None |
| | Asthma/COPD or respiratory distress | | | |
| | Stridor | 1 ml mixed with 3ml saline nebulized | | |
| Epi 1:10,000 | Cardiac arrest | 1 mg IV/IO every 3-5 min. | May cause serious dysrhythmias or exacerbate angina. | None |
| | Cardiac arrest/Bradycardia | | | |
| | Anaphylaxis | 0.1 mg slow IV/IO May repeat every 3-5 min. as needed to a max of 0.5 mg | In adult anaphylactic patients, should be used if patient is hypotensive or no improvement after two (2) Epi 1:1,000 IM doses. | |



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| EpiPen | Allergic reaction/ Anaphylaxis | 1 auto-injector | See Epinephrine 1:1,000 and Epinephrine 1:10,000 | See Epinephrine 1:1,000 and Epinephrine 1:10,000 |
| Fentanyl | Pain control | IV/IO – 50 mcg initial May repeat to max of 200 mcg or IM – 50 mcg initial May repeat after 10 min. to max of 100 mcg or IN – 50 mcg (½ each nare) Do not repeat | Contraindicated in SBP < 90mmHg, child birth or active labor, sudden onset of severe headache, AMS, suspected closed head injury. Can cause hypotension or respiratory depression. | Dosing shall occur via a singular route; do not change routes after initial dose. 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. |
| Glucagon | Hypoglycemia | IM – 1 mg May repeat x 1 after 10 min. | None | Effect may be delayed 15- 20 minutes |
| | Symptomatic Beta Blocker overdose | IV/IO/IM – 1-3 mg Do not repeat | | |
| Glucose paste | Hypoglycemia | 24 g PO | Not indicated with AMS or if patient cannot swallow | None |
| Glucola | Hypoglycemia | 50 g PO | Not indicated with AMS or if patient cannot swallow | None |
| Lidocaine | Persistent V-Fib | 1-1.5 mg/kg IV/IO May repeat 0.5 mg/kg to a maximum of 3 mg/kg | Use caution with bradycardia. Can cause cardiac dysrhythmia | None |
| | IO anesthetic | 40 mg IO | | |
| Midazolam | Seizure | IM – 10 mg May repeat x1 after 5 min. or IN – 10 mg (½ each nare) May repeat x1 after 5 min. or IV if established – 5 mg May repeat x1 after 5 min. | Use caution in patients over 60 years of age. | Monitor respiratory status after administration. |



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| Midazolam | Agitated delirium | 5 mg IM/IN May repeat x1 after 5 min. | Use caution in patients over 60 years of age. | Monitor respiratory status after administration. |
| | 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 | | |
| | Dizziness/vertigo | 2.5 mg IV/IN | Do not administer if patient is > 50 for dizziness/vertigo | |
| Naloxone | Respiratory depression or apnea associated with suspected opioid overdose | IN – 2 mg ½ dose each nare or IM/IV – 1-2 mg | Abrupt withdrawal symptoms and combative behavior may occur. | 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. |
| Naloxone autoinjector/preload | Overdose | 1 preload syringe | See Naloxone | See Naloxone |
| Nitroglycerin | Chest pain | 0.4 mg SL May repeat as needed every 5 min. | 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. | None |
| | 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 | Administer IV/IO dose over 1 minute as rapid administration may cause syncope. | For patients with nausea who are < 20 weeks pregnant, consider Diphenhydramine |
| | Nausea in > 20 weeks pregnant | | | |



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| Sodium Bicarbonate | Tricyclic antidepressant overdose | 1 mEq/kg IV/IO | Can precipitate with or inactivate other drugs. | Use only if life-threatening or in the presence of hemodynamically significant dysrhythmias. |
| | Crush injury | | | |
| | Hyperkalemia | | | |
| | Cardiac arrest with known renal failure | | | |
| Valium | Hazmat/WMD exposure | Refer to dosing guide attached to ChemPak kit | None | None |

EMT Optional Scope

