Updated August 2017

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| Adult Emergency Medication Reference Sheet | | | | | |
| **Drug Name** | **Preparation** | **Concentration** | | **Usual Dose Range** | |
| **Adenosine**  6 mg/2 mL vial | May be given diluted in 10-20 mL NS or undiluted; *NS flush must follow immediately*  Peripheral line:  6 mg/2 mL (1 vial) or 12 mg/4 mL (2 vials)  Central line:  3 mg/mL (0.5 vial) or 6 mg/2 mL (1 vial) | 3 mg/mL | | Must push and follow with a NS flush FAST (consider using 3-way stopcock)  *Counsel patient to expect intense but short-lived feelings of discomfort/anxiety* | |
| **Amiodarone**  **(Pulseless Arrest – IV Bolus)**  150 mg/3 mL vial | 300 mg/ ≥ 20 mL D5W or NS  Dilute 6 mL (2 vials) in ≥ 20 mL D5W or NS | 50 mg/mL | | 300 mg IV push in pulseless arrhythmia; May repeat 150 mg every 5 minutes (Max 2.2 g) | |
| **Amiodarone**  **(Stable – IV Bolus)**  150 mg/3 mL vial | 150 mg/100 mL D5W or NS  Dilute 3 mL (1 vial) in 100 mL D5W or NS | 50 mg/mL | | Infuse over 10 minutes | |
| **Amiodarone**  **(Continuous Infusion)** | Multiple recipes and commercial pre-mixes available | 1.8 mg/mL | | Start at 1 mg/min IV x 6 hours, then decrease to 0.5 mg/min | |
| **Atropine**  1 mg/10 mL syringe | 1 mg/10 mL | 0.1 mg/mL | | Bradyarrhythmias: 0.5 mg IV, may repeat every 3-5 minutes up to 0.04 mg/kg (maximum 3 mg) | |
| **Calcium Chloride**  1 g/10 mL syringe | 1 g/10 mL (13.6 mEq) | 100 mg/mL | | 1 g IV push. Calcium chloride = 3x the amount of elemental calcium as calcium gluconate | |
| **Dextrose**  25 g/50 mL syringe | 25 g/50 mL | 0.5 g/mL | | 12.5-25 g IV | |
| **Diltiazem**  25 mg/5 mL vial | Give undiluted | 5 mg/mL | | Bolus: 0.25 mg/kg IV (usual dose = 10-25 mg), can repeat at 0.35 mg/kg in 15 minutes if needed  *Refrigerated* | |
| **Diltiazem**  **(Continuous Infusion)** | Package size may vary. | 1 mg/mL | | Start at 5 mg/hr IV, increase by 2 mg/hr every 10 minutes to a maximum of 15 mg/hr | |
| **Diphenhydramine**  50 mg/mL vial | Give undiluted | 50 mg/mL | | 25-50 mg IV | |
| **Dopamine**  800 mg/500 mL D5W | 800 mg/500 mL D5W pre-mixed | 1600 mcg/mL | | Start at 5-10 mcg/kg/min, increase by 2.5 mcg/kg/min every 5-10 minutes to attain parameter  (maximum: 20 mcg/kg/min)  *Central line preferred to avoid extravasation* | |
| **Epinephrine 1:10,000**  **(Cardiac Syringes)**  1 mg/10 mL syringe | 1 mg/10 mL | 0.1 mg/mL | | 1 mg IV, repeat every 3-5 minutes  If no IV or IO access, 2 mg via the endotracheal tube  **To make more syringes**: Use epinephrine 1 mg/mL, draw up 1 mg and mix with 9 mL of NS of D5W  *No maximum total dose* | |
| **Epinephrine 1:1000 (Anaphylaxis)** | 0.3 mg (0.3 mL) IM in a 1 mL or 3 mL syringe | 1 mg/1 mL | | 0.3 mg IM, may repeat every 5 minutes | |
| **Epinephrine 1:1000 (Continuous Infusion)** | Multiple recipes and commercial pre-mixes available | 20 to 40 mcg/mL  (0.02 – 0.04 mg/mL) | | **Non-WB**: Start at 1-5 mcg/min, increase by 0.5-5 mcg/min every 5 minutes to attain parameter (maximum: 30 mcg/min)  **WB**: Start at 0.05-0.5 mcg/kg/min, increase by 0.05-0.1 mcg/kg/min every 5-10 minutes to attain parameter (maximum: 2 mcg/kg/min)  *May be run peripherally initially, central line preferred to avoid extravasation* | |
| **Etomidate**  40 mg/20 mL vial | Give undiluted | 2 mg/mL | | Rapid Sequence Intubation: 0.3 mg/kg IV  Procedural Sedation: 0.1-0.15 mg/kg IV | |
| **Fentanyl** | Requires dilution, no commercial pre-mixes available | 10-50 mcg/mL | | Start at 25-100 mcg/hr, increase by 25-50 mcg/hr ever 5-10 minutes to desired level of sedation | |
| **Furosemide** | Give undiluted | 10 mg/mL | | 40-100 mg IV | |
| **Insulin Regular** | Hyperkalemia:   * Draw up 10 units (0.1 mL) using an insulin syringe * Transfer to a 3-10mL syringe and dilute with a few mL of NS | 100 units/mL | | 10 units (0.1 mL) IV  Give with Dextrose 50%, 25 g IV x 1  *Refrigerated* | |
| Adult Emergency Medication Reference Sheet (continued) | | | | | |
| **Drug Name** | **Preparation** | | **Concentration** | | **Usual Dose Range** |
| **Lidocaine**  **(Continuous Infusion)** | 2 g/250 mL D5W | | 8 mg/mL | | Start at 1 – 4mg/min |
| **Magnesium Sulfate**  1 g/2 mL vial | Emergent arrhythmia: 2 g/4 mL (2 vials) in 6mL D5W or NS  Hypomagnesemia:  2 g/50 mL D5W or NS  Asthma:  2 g/50 mL D5W or NS | | 500 mg/mL | | Emergent arrhythmia: Infuse over 1 to 2 minutes  Hypomagnesemia:   Infuse over 60 minutes  Asthma:  Infusion over 20 minutes |
| **Metoprolol**  5 mg/5 mL vial | Give undiluted | | 1 mg/ mL | | 5-10 mg IV, can repeat every 5 minutes x 3 doses |
| **Methylprednisolone**  125 mg/2 mL vial | Give undiluted | | 62.5 mg/mL | | 40-125 mg IV |
| **Naloxone**  0.4 mg/mL vial | Cardiac arrest – give undiluted  Non-cardiac arrest – slow titration. Mix 1 mL in 9 mL of NS to make 0.04 mg/mL | | 0.4 mg/mL | | Cardiac arrest: 2 mg (5 mL) IV/IM x 1, may repeat  Non-cardiac arrest: 0.04 mg IV, double the dose every 1-2 minutes until response  Continuous infusion: start at the dose required for reversal per hour  *Consider Poison Control Center if considering infusion* |
| **Nicardipine**  **(Cardene** ®) | Multiple recipes and commercial pre-mixes available | |  | | Start at 5 mg/hr, increase by 2.5 mg every 5 minutes to attain parameter (maximum: 15 mg/hr) |
| **Norepinephrine** (Levophed ®)  **(Continuous Infusion)** | Multiple recipes and commercial pre-mixes available | | 16 - 128 mcg/mL | | **Non-WB**: Start at 5 mcg/min, increase by 0.5-5 mcg/min  every 5-10 minutes (maximum: 80 mcg/min)  **WB**: Start at 0.1-1 mcg/kg/min, increase by 0.05-1 mcg/kg/min every 5-10 minutes to parameter (maximum: 3 mcg/kg/min)  *May be run peripherally initially, central line preferred to avoid extravasation* |
| **Phenylephrine**  (Neosynephrine ®)  **(Continuous Infusion)** | Multiple recipes and commercial pre-mixes available | | 80 - 400 mcg/mL | | **Non-WB:** Start at 25-50mcg/min, increase by 25-50 mcg/min every 5-10 minutes to attain parameter (maximum: 200 mcg/min)  **WB**: Start at 0.5-2 mcg/kg/min, increase by 2 mcg/kg/min every 5-10 minutes to attain parameter (maximum 9 mcg/kg/min)  *May be run peripherally initially, central line preferred to avoid extravasation* |
| **Procainamide**  1000 mg/2 mL vial | Multiple recipes and commercial pre-mixes available | |  | | Stable, wide-complex tachycardia: Administer at a rate of  20 mg/min (~45 min for 1000 mg dose). Monitor for conversion. Monitor for hypotension, if up to 17 mg/kg is given, or if QRS becomes prolonged by 50% of baseline. If any of these occur, stop the infusion |
| **Propofol** | Multiple package sizes (20-100 mL vials) | | 10 mg/mL | | Post-intubation sedation: Start at 5-20 mcg/kg/min, increase by 5-20 mcg/kg/min increments to desired level of sedation. May bolus as needed 10-20 mg  Procedural sedation: 0.5-1 mg/kg IV push, redose every 5-10 minutes as needed  *Monitor for hypotension, bradycardia* |
| **Rocuronium**  50 mg/5 mL vial | Give undiluted | | 10 mg/mL | | Rapid sequence intubation: 1 mg/kg  *Intermediate duration of action* |
| **Sodium Bicarbonate**  50 mEq/50 mL syringe | 50 mEq/50 mL | | 1 mEq/mL | | 0.5-1 mEq/kg IV (usual dose: 50-100mEq) |
| **Succinylcholine**  200 mg/10 mL vial | Give undiluted | | 20 mg/mL | | Rapid sequence intubation: 1.5-2 mg/kg IV  *Short acting, avoid in hyperkalemia* |
| **Vasopressin**  20 units/1 mL vials |  | | 0.2 – 1 unit/mL | | 0.01 - 0.04 units/min, increase by 0.01 units/min every 5-10 minutes |

WB: weight based dose; Non-WB: non-weight based dose