CLASS: A

PROTOCOL(S) USED IN: Anaphylaxis, ACLS, Asthma, Respiratory Distress

PHARMACOLOGY AND ACTIONS:
A. Catecholamine with alpha and beta effects.
B. Increased heart rate, arterial blood pressure, systemic vascular resistance, automaticity, myocardial O2 consumption and myocardial contractile force.
C. Potent bronchodilator.

INDICATIONS:
A. Ventricular fibrillation
B. Asystole
C. Pulseless Electrical Activity
D. Systemic allergic reactions
E. Asthma in patients under 50 years of age

CONTRAINDICATIONS:
Use caution in patients with peripheral vascular insufficiency.

SIDE EFFECTS AND NOTES:
A. Anxiety, tremor, headache, tachycardia, palpitations, PVCs, angina and HTN
B. Should not be added directly bicarbonate infusion; catecholamine may be partially deactivated by alkaline solutions.
C. When used for allergic reactions, increased cardiac work may precipitate angina and/or MI in susceptible individuals.
D. Wheezing in an elderly patient is considered pulmonary edema or pulmonary embolus until proven otherwise.

ADULT DOSING:
Cardiac Arrest Dosing Options:
a. 1.0mg (1:10,000) IV every 3-5 minutes during arrest.
b. 2-5 mg (1:1,000 diluted in 10ml NS) every 3-5 minutes.
c. .01mg/kg (1:1,000 diluted in 10ml NS) every 3-5 minutes
d. May be given via ET at 2-2.5 times IV dose.
e.
Allergic reaction, anaphylaxis shock, laryngeal edema, severe asthma:
a. .3-.5mg (1:1,000) IM
b. 2-3ml (1:10,000) IV over 30-60 seconds.

PEDIATRIC DOSING:
Cardiac Arrest -
a. 0.01 mg/kg (1:10,000) IV/IO every 5 minutes
Allergic reaction, anaphylaxis shock, severe asthma -
a. .01mg/kg (1:1,000) IM
b. 1-2ml (1:10,000) IV over 30-60 seconds
Croup/Epiglotitis
a. In patients 6 months to 6 years of age with audible stridor at rest, give 3 ml epinephrine 1:1,000 via nebulizer.