

# ADENOSINE (Adenocard®)

## PHARMACOLOGY & ACTIONS:

- Antiarrhythmic
- Slows conduction time through the A-V node.
- Can interrupt the re-entry pathways through the A-V node & restore NSR in patients with PSVT including WPW.
- Half-life is less than 10 seconds.

## INDICATIONS:

- PSVT & WPW

## CONTRAINDICATIONS:

- 2<sup>nd</sup> or 3<sup>rd</sup> A-V block.
- Sick sinus syndrome (except in patients with functioning pacemaker.)
- Does not convert atrial flutter, atrial fibrillation, or ventricular tachycardia.

## ADMINISTRATION:

- 6 mg **RAPID** IV push given over 1-2 seconds followed by 20cc NS flush.
- If initial dose fails to convert rhythm after 1-2 minutes, a 2<sup>nd</sup> dose of 12 mg should be given.
- A 3<sup>rd</sup> dose of 12 mg may be given if required.
- Pediatric dose: 0.1-0.2 mg/kg **RAPID** IV push. IO: 6mg, max dose 12 mg.

## SIDE EFFECTS & SPECIAL NOTES:

- Nausea, flushing of the face, and tingling.
- Varying degrees of A-V blocks, PVCs, PACs, and asystole.
- Due to the very short half-life (less than 10 seconds) these effects are generally self limiting.
- Significant percentage of patients complain of chest pain following administration.  
This chest pain is usually self-limiting, lasting less than 1 minute and not angina related.  
Consider NTG only if pain persists longer than 1 minute.
- Dose should be given at the closest port to the IV site & followed by rapid flush.
- Documentation of the rhythm with ECG tracings prior to, during, and after administration should be obtained.

CLASS:        A

PROTOCOL(S) USED IN: ACLS