

DOPAMINE DRIP RATES

TABLE 1 – Dopamine Drip Rates: Dopamine 1600 mcg/ml solution – 400mg in 250 ml D5W.

Drops per minute based on microdrip tubing (60 gtts/ml)

Pt. Weight (kg)	5 mcg/kg/min	10 mcg/kg/min	15 mcg/kg/min	20 mcg/kg/min
40	8	15	23	30
45	8	17	25	34
50	9	19	28	38
55	10	21	31	41
60	11	23	34	45
65	12	24	37	49
70	13	26	39	53
75	14	28	42	56
80	15	30	45	60
85	16	32	48	64
90	17	34	51	68
95	18	36	53	71
100	19	38	56	75
105	20	39	59	79
110	21	41	62	83

➤ ADULT ALS DRUG LIST

DRUG	CONCENTRATION	DOSE	NOTES
ADENOSINE	3 mg/ml	6 mg rapid IV, followed by 20 ml NS rapid bolus; if no conversion in 1-2 minutes, may give 12 mg rapid IV, followed by 20 ml NS rapid bolus; if no conversion in 1-2 minutes, may repeat Pediatric Dosage: 0.1 mg/kg (first) - max 6 mg 0.2 mg/kg (second) - max 12 mg	Contraindicated in 2nd or 3rd degree heart blocks. May cause transient heart blocks or transient asystole. Side effects may include palpitations, chest pain/pressure, hypotension, dyspnea, feeling of impending doom. Use caution when patient is taking carbamazepine, dipyridamole or methylxanthines. Do not administer if drugs or poisons are suspected cause of tachycardia.

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ALBUTEROL	2.5 mg of Albuterol in 0.083% inhalant solution per 3 ml unit dose ampule	3 ml of 0.083% solution per unit dose ampule nebulized to deliver 2.5 mg of albuterol – may be delivered via ETT 5 - 15 minutes per nebulized treatment (2 ampules) Pediatric Dosage: Pediatric dosage: same as adult	This long acting Beta-2 stimulator should be used with caution in patients taking monoamineoxidase (MAO) inhibitor drugs (e.g., Nardil, Parnate).
AMIODARONE	150 mg in 3 ml ampule or preload	300 mg IV push for ventricular fibrillation or pulseless ventricular tachycardia. Repeat dose of 150 mg IV x 1. 150 mg IV via intermittent IV push over 10 minutes for ventricular tachycardia with pulses (15 mg/minute) 150 mg IV infusion over 10 minutes can be created by adding 150 mg to 100 ml NS Pediatric Dosage: Pediatric dosage: 5 mg/kg	May cause hypotension and bradycardia. Careful administration via intermittent IV push essential in treatment of ventricular tachycardia with pulses. When creating infusion, careful mixing needed to avoid foaming of medication (do not use filter needle).
ASPIRIN	81 mg tablet	4 tablets to be chewed by patient	Do not administer if patient has a history of allergy to aspirin or salicylates
ATROPINE	0.1 mg/ml	0.5 mg IV for bradycardia — may repeat every 5 min to max 3 mg; 1 mg IV for asystole — may repeat every 3-5 min to max 3 mg; 2 mg IV for organophosphate poisoning — may repeat every 5 min Pediatric dose for bradycardia: 0.02 mg/kg (minimum dose 0.1 mg) Pre-adolescent: single dose maximum 0.5 mg (maximum total dose 1 mg) Adolescent (puberty and older): single dose maximum 1 mg (maximum total dose 2 mg)	Doses less than 0.5 mg can cause paradoxical bradycardia. Atropine can dilate pupils, aggravate glaucoma, cause urinary retention, confusion, and dysrhythmias, including V-tach and V-fib. Increases myocardial O ₂ consumption. Remove clothing of victim of organophosphate poisonings, and flush skin to remove traces of poison. Is not used for treatment of asystole in pediatric patients. Respiratory issues are the cause of bradycardia in most pediatric patients and heart rate improves with ventilation in most cases.
CALCIUM CHLORIDE	100 mg/ml	500 mg IV - May repeat once	Use cautiously or not at all in digitalized patients. Avoid extravasation. Rapid administration can cause dysrhythmias or arrest. Use for patients with suspected hyperkalemia.
DEXTROSE 10%	0.1 g/ml	Pediatric dose 0.5 g/kg or 5 ml/kg	Recheck glucose after administration
DEXTROSE 50%	0.5 g/ml	25-50 gm IV	Recheck glucose after administration

DRUG	CONCENTRATION	DOSE	NOTES
DIPHENHYDRAMINE (Benadryl)	50 mg/ml	25-50 mg IV or IM (1mg/kg) Pediatric dosage: 1 mg/kg (maximum dose 50 mg)	Indicated for hives/itching or for dystonic reactions
DOPAMINE	1600 mcg/ml	By Microdrip: 800 mg/500 ml D5W 15–60 gtts/min = 5–20 mcg/kg/min x 70 kg See DOPAMINE CHART — TABLE 1	Mid dose(5–10 mcg/kg/min) increases cardiac output without increasing heart rate or BP - Higher dose(10–20 mcg/kg/min) causes peripheral vasoconstriction and increases BP - Doses higher than 20 mcg/kg/min may result in decreased mesenteric and renal perfusion. Antecubital veins are preferred. Avoid extravasation. Avoid exposure to light. Can cause dysrhythmias.
EPINEPHRINE 1:10,000	0.1 mg/ml	1 mg IV in cardiac arrest May repeat every 3-5 min 0.1-0.5 mg slow IV for anaphylaxis in 0.1 mg increments Pediatric dosage: 0.01 mg/kg	Alpha and beta sympathomimetic. May cause serious dysrhythmias and exacerbate angina. Its use in patients with a history of heart disease should be avoided unless the patient is severely symptomatic and there is absolute certainty that the dyspnea is due to asthmatic bronchospasm. Avoid exposure to light. IM or SC absorption may be delayed in patients in shock.
EPINEPHRINE 1:1000	1 mg/ml	0.3 – 0.5 mg IM, SC (0.01 mg/kg) Pediatric dosage: 0.01 mg/kg (maximum dose 0.3 mg)	
GLUCAGON	1 mg/ml	1 mg IM Pediatric dosage: Weight up to 18 kg – 0.5 mg Above 18 kg – 1 mg	Effect may be delayed 5–20 minutes - if patient responds, give PO sugar
LIDOCAINE 2%	20 mg/ml	20 mg IO for discomfort from intraosseous infusion. May repeat once. Pediatric dosage: 0.5 mg/kg (maximum dose 20 mg)	IO infusions may cause moderate to severe pain. Indicated only when patient receiving IO regains consciousness.
MIDAZOLAM (Versed)	5 mg/ml	- 0.2mg/kg IM or 1-5mg IV - Maximum dose: 5 mg IV for seizures 10mg IM for seizures 5 mg IV for sedation Pediatric dosage: 0.2 mg/kg IM (maximum dose 10 mg) 0.1 mg/kg IV (titrated in 1 mg increments – maximum dose 5 mg)	Observe respiratory status. Use with caution in patients over age 60. With IV dosing, begin with 1mg. IV increments should not exceed 2 mg.
MORPHINE SULFATE	10 mg/ml	2-20 mg IV (chest pain, trauma, burns, abdominal pain or for other non-traumatic pain)	Can cause hypotension and respiratory depression (which can be subtle). Hypotension is more common in

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		management) 2-5 mg IV (pulmonary edema) 1-5 mg IV (sedation) Pediatric dosage: 0.1 mg/kg IM For children 18 kg and under: 0.05 mg/kg IV starting dose -- maximum dose 0.1 mg/kg IV For children above 18 kg: 1-2 mg IV starting dose – maximum dose 10 mg	patients with low cardiac output or volume depletion. Nausea is a frequent side effect rapid administration. Titrate in 2-5 mg boluses, rechecking VS between each dose. Reversible with Naloxone (with possible exception of vascular effects).
NALOXONE (Narcan)	Varies	1–2 mg IV or IM 1 mg diluted in 9.0 ml NS for administration to terminal patients with overmedication Pediatric dosage: 0.1 mg/kg – maximum dose 2 mg	If IV not readily available, IM administration is generally very effective. Shorter duration of action than that of most narcotics. Higher doses may sometimes be necessary. May not reverse vascular effects of narcotics. Consider effect on patients using narcotics for pain relief.
NITROGLYCERIN 1/150	0.4 mg/tablet or unit dose spray	1-6 tablets or unit dose spray SL	Can cause hypotension and headache. Protect from heat and light. Do not use if systolic BP less than 90 or if patient has taken Viagra, , Levitra or similar drugs within the past 24 hours or Cialis within the past 36 hours..
SODIUM BICARBONATE 8.4%	1 mEq/ml	50–100 mEq (1 mEq/kg)	Assure adequate ventilation. Can precipitate or inactivate other drugs. Indicated for treatment of suspected hyperkalemia or pre-existing acidosis (history of renal failure or diabetes).