

SOUTH PLAINS EMERGENCY MEDICAL SERVICE

PROTOCOL SUPPLEMENT 2026

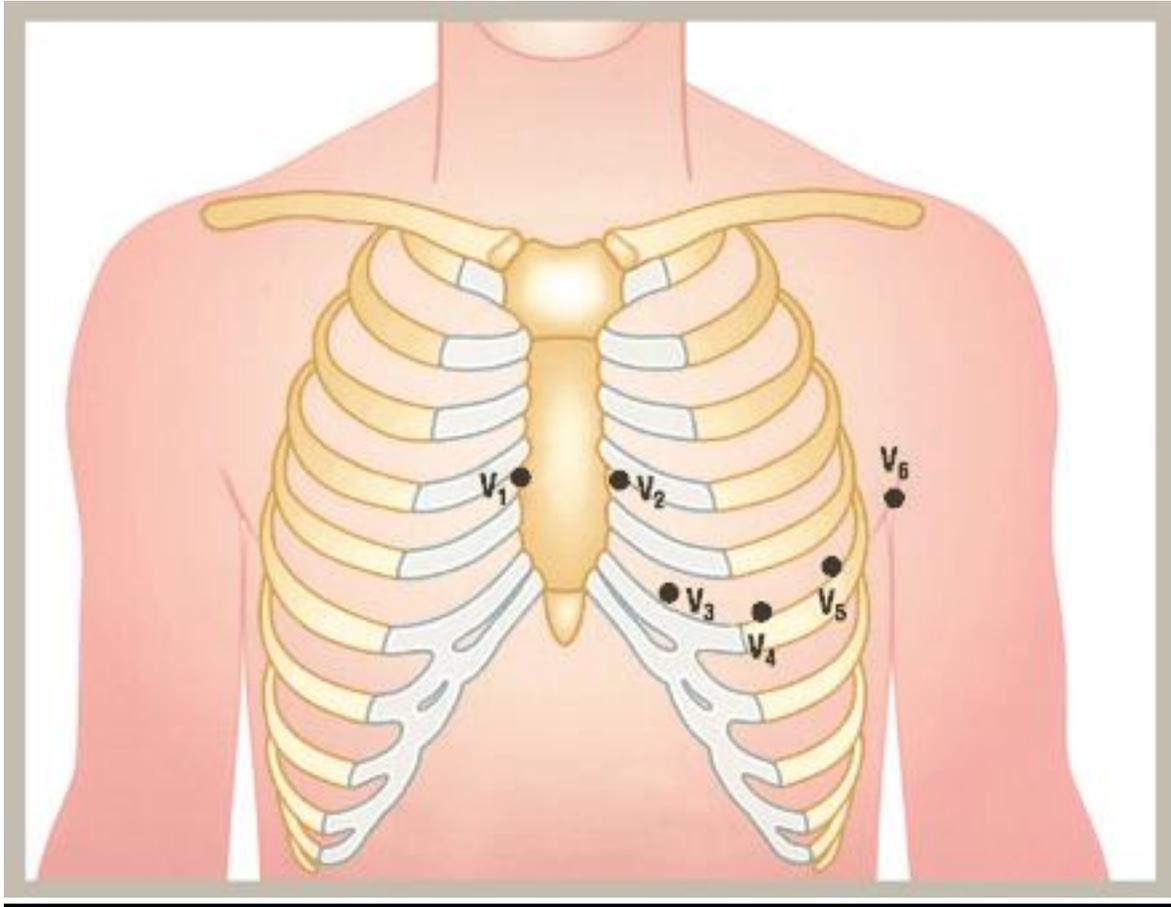
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LEFT SIDED V-LEAD PLACEMENT



V₁: Right 4th intercostal space

V₂: Left 4th intercostal space

V₃: Halfway between V₂ and V₄

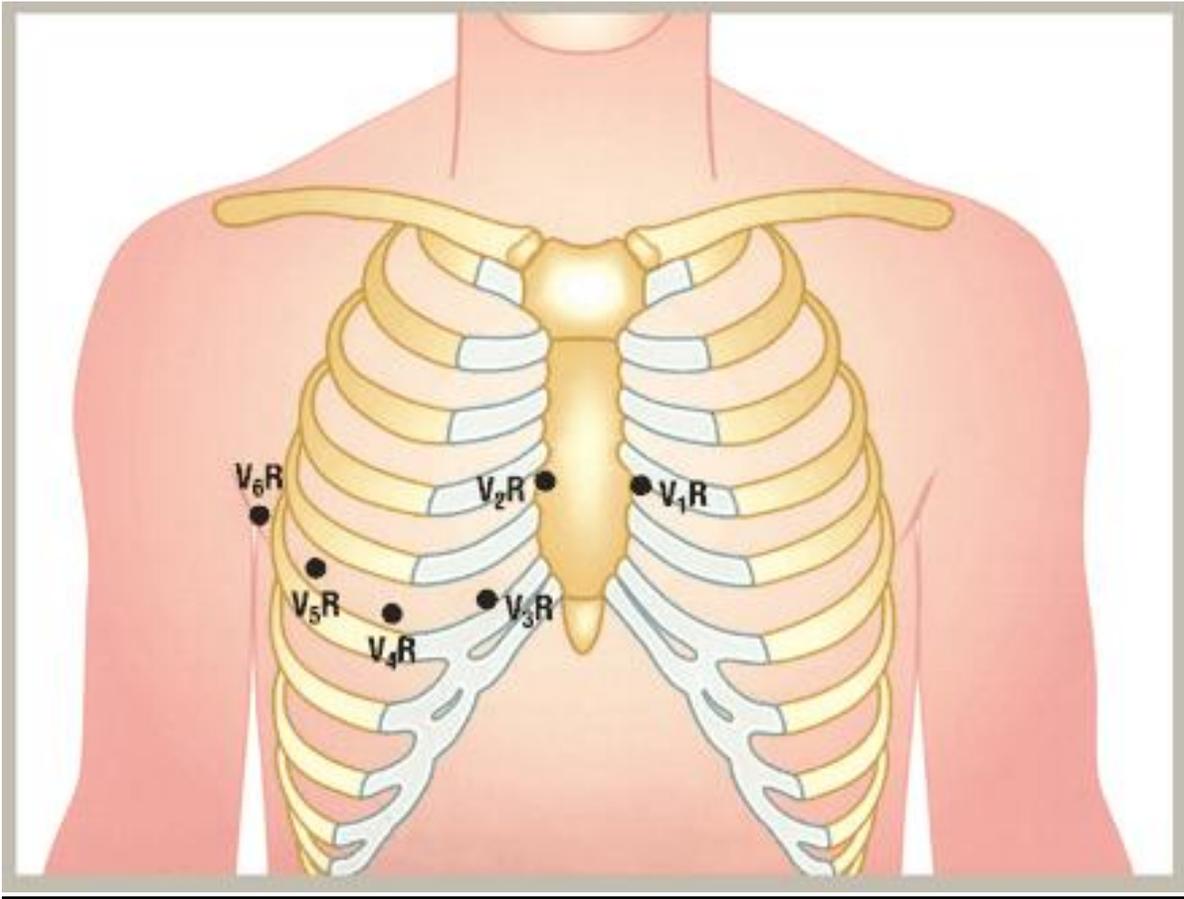
V₄: Left 5th intercostal space, mid-clavicular line

V₅: Horizontal to V₄, anterior axillary line

V₆: Horizontal to V₅, mid-axillary line

In an emergent situation and time does not permit a complete right sided EKG, move **V₄** to the **V_{4R}** position to confirm a right ventricular infarct.

RIGHT SIDED V-LEAD PLACEMENT



V₁R: Left 4th intercostal space

V₂R: Right 4th intercostal space

V₃R: Halfway between V₂ and V₄

V₄R: Right 5th intercostal space, mid-clavicular line

V₅R: Horizontal to V₄, anterior axillary line

V₆R: Horizontal to V₅, mid-axillary line

In an emergent situation and time does not permit a complete right sided EKG, move **V₄** to the **V₄R** position to confirm a right ventricular infarct.

ACETAMINOPHEN

(Tylenol, APAP)

INDICATIONS	Used for the management of fever of 100.4° F. or greater
ADMINISTRATION	Orally
DOSAGE	
ADULT	10mg/kg up to 1,000mg. Given in 500mg tablets so medication dosage will be rounded to nearest 500mg increment
PEDIATRIC	Not used for pediatrics. Liquid Children's Motrin is used for pediatrics
THERAPEUTIC EFFECTS	As an antipyretic, Acetaminophen is used to manage fever and to treat/prevent sepsis
CONTRAINDICATIONS	<ul style="list-style-type: none">• Allergy• History of liver disease• Has taken Acetaminophen PO within the last 4 hours• Has taken Ibuprofen or other NSAID within last 90 minutes
SIDE EFFECTS	Skin Reactions (rare)
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none">• Acute overdose may lead to liver damage/failure

IV ACETAMINOPHEN

(Tylenol, Ofirmev)

INDICATIONS	Used for the management of moderate to severe traumatic injury pain at the AEMT and Paramedic level ONLY if transport time is > 10 minutes AND for the management of fever, at the AEMT and Paramedic level, for febrile patients (>100.4° F.) with altered LOC and are unable to swallow ONLY if transport time is > 10 minutes
ADMINISTRATION	IV Infusion
DOSAGE	
ADULT	<ul style="list-style-type: none"> • 1,000mg over 15 minutes via IV infusion. • Concentration should be 1,000mg in 100cc of D5W or NS and given over 15 minutes • 6.67ml/minute or 67 drops per minute using a 10-drop IV set • NO repeat dose
PEDIATRIC	<ul style="list-style-type: none"> • < 1 month old: 12.5mg/kg over 15 minutes via IV infusion • > 1month old: 15mg/kg, to a max of 1,000mg, over 15 minutes via IV infusion • Concentration should be 1,000mg in 100cc of D5W or NS and given over 15 minutes • NO repeat dose
THERAPEUTIC EFFECTS	As a non-opioid analgesic, IV Acetaminophen is used to manage pain resulting from traumatic injuries when the transport time is > 20 minutes
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Allergy • History of liver disease
SIDE EFFECTS	N/V, Headache, skin reactions (rare)
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Used ONLY as indicated above. Any/all other uses only with on-line medical direction • Paramedics may use IV Acetaminophen in conjunction with Fentanyl or Morphine as needed with 10 minutes between doses • Acute overdose may lead to liver damage/failure • All doses of IV Acetaminophen must be reviewed by medical director or designee (peer reviewer) • Pain must be quantified on a 1-10 scale before administration and 5 minutes after administration and documented on the PCR

ACTIVATED CHARCOAL

INDICATIONS	Used to treat certain types of poisonings and overdoses
ADMINISTRATION	PO
DOSAGE	
ADULT	1g/kg up to a max of 50g
PEDIATRIC	1g/kg up to a max of 50g
THERAPEUTIC EFFECTS	Binds and absorbs various chemicals and poisonous compounds, thereby reducing their absorption into the body
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Caustic/Corrosive substances • Cyanide poisonings • Semi-conscious or unconscious patients
SIDE EFFECTS	Abdominal cramping, constipation, dark stools, nausea and vomiting
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Online medical control orders required • Does not absorb all drugs or toxic substances (i.e. Cyanide, Lithium, Iron, Lead, Arsenic, etc) • Has no effect in methanol or organophosphate poisonings • Has little therapeutic value in caustic alkalis and acid poisonings • Should not be given with ice cream, milk, sherbet or syrup of Ipecac

ADENOSINE

(Adenocard)

INDICATIONS	<ul style="list-style-type: none"> • Paroxysmal Supraventricular Tachycardia • Supraventricular Tachycardia
ADMINISTRATION	Rapid IV or IO push with immediate 10cc NS flush
DOSAGE	
ADULT	Initial dose is 12mg rapid IV or IO push followed by 20cc rapid fluid bolus. May repeat once at 12mg rapid IV or IO push
PEDIATRIC	0.1mg/kg rapid IV or IO push to a max of 12mg followed by 5-20cc rapid fluid bolus.
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Slows conduction time through AV node • Interrupts reentry pathways through AV node • Restores Sinus Rhythm in patients with SVT
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity • 2nd or 3rd degree AV blocks • Sinus node dysfunction, such as sick sinus syndrome or symptomatic bradycardia • Atrial Flutter/Atrial Fibrillation • Ventricular Tachycardia • Wolff-Parkinson White (WPW) Syndrome
SIDE EFFECTS	<ul style="list-style-type: none"> • Transient AV block, Asystole and other Dysrhythmias • Chest pressure • Dizziness • Flushing • Nausea/Vomiting • Shortness of Breath
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Onset is generally within less than one minute • Adverse effects are usually short lived and easily tolerated • Effects may be more pronounced in patients on Dipyridamole • Effects may be attenuated in patients on Theophylline preparations

AMIODARONE (Cordarone)

INDICATIONS	Ventricular Fibrillation, Ventricular Tachycardia, SVT
ADMINISTRATION	IV/IO Push
DOSAGE	
ADULT	<ul style="list-style-type: none"> • Pulseless VF/VT-Initial 300mg IVP or IO • Pulseless VF/VT- Repeat 150mg IVP or IO • Stable V-Tach-150mg over 10 minutes, may repeat every 10 minutes to a max of 450mg • SVT-150mg IV or IO over 10 minutes. May be repeated once if needed.
PEDIATRIC	<ul style="list-style-type: none"> • Pulseless VF/VT Initial-5mg/kg to a max of 300mg IV or IO. May repeat once in 3-5 minutes at 2.5mg/kg to a max of 150mg • V-Tach with a pulse-5mg/kg, IVP or IO over 20 minutes to a max of 150mg • SVT-5mg/kg, IV or IO over 20 minutes, to a max of 150mg
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Prolongs action potential and refractory period • Reduces ventricular dysrhythmias and raises fibrillatory threshold
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Cardiogenic shock • Hypersensitivity to drug • 2nd or 3rd degree AV block • Severe Sinus Bradycardia • Severe sinus node dysfunction • Patients with VAD device unless in cardiac arrest
SIDE EFFECTS	<ul style="list-style-type: none"> • Hypotension • Bradycardia • Asystole/PEA • Nausea
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Serial use of calcium channel blockers, beta blockers and other antiarrhythmics may cause additive hypotensive bradycardia and proarrhythmogenic effects • Draw up slowly to prevent bubbling

ASPIRIN

INDICATIONS	Myocardial Infarction, Chest Pain
ADMINISTRATION	Chewed PO
DOSAGE	
ADULT	1 Adult ASA 325mg
PEDIATRIC	Not Indicated
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Inhibits platelet aggregation by blocking formation of Thromboxane A₂ • Reduces overall mortality of Acute MI • Reduces non-fatal re-infarction
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity to Aspirin • Active bleeding conditions or ulcer • Pregnancy • Patients with a VAD device
SIDE EFFECTS	<ul style="list-style-type: none"> • Heartburn • Indigestion • Nausea
SPECIAL NOTES/RESTRICTIONS	Patients on Coumadin (Warfarin) MAY take Aspirin in the acute setting

ATROPINE

INDICATIONS	<ul style="list-style-type: none"> • Symptomatic Bradycardia, Organophosphate Poisoning and prior to RSI in patients < 16 y/o • Significant oral/nasal secretions due to Ketamine administration
ADMINISTRATION	IV, IO, ETT
DOSAGE	
ADULT	<ul style="list-style-type: none"> • Symptomatic Bradycardia: 1mg IV/IO push every 3-5minutes to a max of 3mg. • Organophosphate Poisoning: 2mg IV/IO push every 5 minutes until lungs clear or BP >90 systolic and pulse > 60. • Significant Oral/Nasal Secretions due to Ketamine: 0.5mg if significant.
PEDIATRIC	<ul style="list-style-type: none"> • Symptomatic Bradycardia: 0.02mg/kg IV/IO push, minimum dose 0.1mg, maximum single dose 1mg may repeat in 3-5 minutes. Total maximum dose for children 0-8 years old is 1mg. Total maximum dose for children 9-15 years old is 2mg. • Organophosphate Poisoning: 0.05mg/kg IV/IO push to a max of 2mg per dose every 10-15 minutes, or until lungs clear or BP >90 systolic and pulse >60. (Minimum dose if 0.1mg) • Significant Oral/Nasal Secretions due to Ketamine: 0.01mg/kg to a max of 0.5mg if significant. • PAI: 0.02mg/kg IV/IO push to a max of 1.0mg to all patients <16 years old
THERAPRUTIC EFFECTS	<ul style="list-style-type: none"> • Blocks acetylcholine receptor sites • Decreases vagal tone • Increases SA and AV nodal conduction • Dries Secretions
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Allergy • Tachycardia
SIDE EFFECTS	<ul style="list-style-type: none"> • Blurred Vision • Dry Mouth • Headache • Pupillary dilation • Tachycardia
SPECIAL NOTES/ RESTRICTIONS	Organophosphate may require larger doses

BENADRYL
(Diphenhydramine)

INDICATIONS	Allergic Reaction
ADMINISTRATION	IV, IO, Oral
DOSAGE	
ADULT	<ul style="list-style-type: none"> • 50mg IV/IO and PO • For PO Administration, Patient must be conscious and able to follow commands
PEDIATRIC	<ul style="list-style-type: none"> • IV/IO: 1.0mg/kg to a max of 50mg • PO Liquid Children's Benadryl 1.0mg/kg to a max of 50mg. <ul style="list-style-type: none"> ○ For PO administration, pediatric patients must have GCS of 15
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Inhibits histamine release and effects • Anticholinergic effects antagonize extra pyramidal symptoms
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Acute asthma exacerbation • Acute Glaucoma • Pregnancy/Nursing mothers • Sensitivity to drug
SIDE EFFECTS	<ul style="list-style-type: none"> • Blurred vision • Headache • Palpitations • Sedation
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Benadryl IV is the preferred administration route. • Benadryl PO may be given for minor reactions by EMTs or by ALS personnel if unable to establish an IV. • IF Benadryl PO is given, the highest certified crewmember must maintain control of patient care and document the call on the PCR • Contact Medical Control if patient is suspected of having a dystonic reaction

CALCIUM GLUCONATE 10%

INDICATIONS	<ul style="list-style-type: none">• Magnesium toxicity
ADMINISTRATION	Slow IV/IO push
DOSAGE	
ADULT	1 gram SLOW IV/IO Push
PEDIATRIC	<ul style="list-style-type: none">• Not used for Pediatrics
THERAPEUTIC EFFECTS	<ul style="list-style-type: none">• Antidote for Magnesium Sulfate toxicity
CONTRAINDICATIONS	<ul style="list-style-type: none">• Hypersensitivity
SIDE EFFECTS	<ul style="list-style-type: none">• Nausea, constipation, GI irritation• Rapid IV may cause vasodilation, cardiac arrhythmias, hypotension, bradycardia• Infiltrated IV site may cause local necrosis and abscess formation
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none">• Assure IV patency prior to administration• Give SLOWLY

DECADRON
(Dexamethasone)

INDICATIONS	<ul style="list-style-type: none"> • Severe respiratory distress with wheezing • Allergic reactions that are accompanied with respiratory distress • Bee Stings
ADMINISTRATION	IV, IO
DOSAGE	
ADULT	20mg Slow IV/IO Push
PEDIATRIC	<ul style="list-style-type: none"> • 0.6mg/kg to a max of 20mg SIVP • Not indicated if < 2YOA
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Anti-inflammatory agent • May prevent the release of histamine
CONTRAINDICATIONS	<ul style="list-style-type: none"> • CHILD < 2 years of age
SIDE EFFECTS	<ul style="list-style-type: none"> • GI bleeding • Prolonged wound healing
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • To be used in conjunction with bronchodilators • Administer slowly

DEXTROSE 10% (25G/250cc)

INDICATIONS	Hypoglycemia
ADMINISTRATION	IV/IO Infusion
DOSAGE	
ADULT	Utilizing a 10-drop set (A-set), give wide open bolus, until patient becomes responsive. Once responsive, obtain BGL. If BGL \geq 90mg/dL, slow infusion to a TKO rate and monitor to maintain desired effect. May repeat X 1 if no improvement in LOC AND BGL remains $<$ 70mg/dL
PEDIATRIC	Utilizing a 60-drop set (mini set), give wide open bolus, until patient becomes responsive. Once responsive, obtain BGL. If BGL \geq 90mg/dL, slow infusion to a TKO rate and monitor to maintain desired effect. May repeat X 1 if no improvement in LOC AND BGL remains $<$ 70mg/dL
THERAPEUTIC EFFECTS	Immediate source of glucose
CONTRAINDICATIONS	CVA with normal serum glucose
SIDE EFFECTS	Local irritation
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Dosage is dependent on effect. Once patient regains an acceptable level of consciousness and BGL \geq 90mg/dL, the D10W infusion should be slowed to TKO • As D10W is a hypertonic solution, monitor lung sounds closely

DOPAMINE

(Intropin)

INDICATIONS	Cardiogenic shock, Refractory Hypotension
ADMINISTRATION	IV or IO infusion
DOSAGE	
ADULT	<ul style="list-style-type: none">• 5mcg/kg/min, IV or IO, increased by 5mcg/kg/min every 2 minutes until: Max of 20mcg/kg/min given or Systolic BP 90-110mmHg
PEDIATRIC	<ul style="list-style-type: none">• 5mcg/kg/min, IV or IO• If perfusion not adequate after 2 minutes, increase to a max of 10mcg/kg/min
THERAPEUTIC EFFECTS	<ul style="list-style-type: none">• Stimulates alpha, beta, and dopamine receptors, depending on dose• Increases cardiac output and systemic arterial pressure• Dilates vessels to the brain, heart and kidneys• Increases heart rate
CONTRAINDICATIONS	<ul style="list-style-type: none">• Uncorrected hypovolemic shock• Uncorrected tachydysrhythmias• Allergy• Patients with a VAD device unless in cardiac arrest
SIDE EFFECTS	<ul style="list-style-type: none">• Angina• Ectopy• Headache• Tachydysrhythmias
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none">• Titrate to blood pressure• Hypovolemia should be corrected with volume expansion fluids prior to the administration of Dopamine.

DUO-NEB (Combivent)

INDICATIONS	Acute Bronchospasm, Respiratory distress, Allergic reaction, CHF, Asthma, COPD
ADMINISTRATION	Handheld Nebulizer, Nebulizer Mask, Inline ETT Nebulizer
DOSAGE	
ADULT	Mixture of 3mg of Albuterol with 0.5mg of Ipratropium Bromide in 3cc
PEDIATRIC	Mixture of 3mg of Albuterol with 0.5mg of Ipratropium Bromide in 3cc
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Decreased bronchospasm via beta receptors • Improves pulmonary function
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity to any of the contents of the solution (including Atropine) • Tachydysrhythmias
SIDE EFFECTS	<ul style="list-style-type: none"> • Cough • Dizziness or Nervousness • Nausea • Tachycardia • Tremor
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • May be nebulized via ETT in intubated asthmatics or COPD patients • For patients with a VAD device, limit to one dose • Must monitor waveform capnography at the AEMT and Paramedic levels

EPINEPHRINE 1:1,000

INDICATIONS	Cardiac Arrest, Allergic reaction, and Pediatric Bradycardia
ADMINISTRATION	IM, ETT
DOSAGE	
ADULT	<ul style="list-style-type: none"> Allergic Reaction Unstable: 0.3mg IM (For ECA, EMT, and AEMT) ADMINISTER ONLY IF EVIDENCE OF SHOCK IS PRESENT)
PEDIATRIC	<ul style="list-style-type: none"> Bradycardia (Paramedic only): 0.1mg/kg ETT (if IV/IO unobtainable) 1:1,000 solution to a max of 0.5cc per single dose repeat every 3-5 minutes at same dose Allergic Reaction (For ECA, EMT, and AEMT): 0.01mg/kg to a max of 0.15mg IM (ADMINISTER ONLY IF EVIDENCE OF SHOCK IS PRESENT)
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> Stimulates alpha and beta adrenergic receptors Increases heart rate, systemic blood pressure and coronary blood flow
CONTRANDICATIONS	<ul style="list-style-type: none"> Hypertension Tachycardia Patients with VAD device unless in cardiac arrest or severe allergic reaction
SIDE EFFECTS	<ul style="list-style-type: none"> Hypertension Palpitations Tachycardia Tremors
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> Pay special attention to the concentration either 1:1,000 or 1:10,000 Must monitor waveform capnography at the AEMT and Paramedic levels Epinephrine 1:1,000 is NEVER GIVEN IV

EPINEPHRINE 1:10,000

INDICATIONS	Cardiac Arrest, Allergic reaction, and Pediatric Bradycardia
ADMINISTRATION	IV/IO, ETT
DOSAGE	
ADULT	<ul style="list-style-type: none"> • Cardiac arrest: 1mg IV or IO every 3-5 minutes or 2mg via ETT every 3-5 minutes • Allergic Reaction Stable: 0.2mg IV/IO • Allergic Reaction Unstable: 0.5mg IV/IO
PEDIATRIC	<ul style="list-style-type: none"> • Cardiac Arrest: 0.01mg/kg IV/IO to a max of 1mg per single dose • Bradycardia-: 0.01mg/kg IV/IO to a max of 5cc per single dose. Repeat every 3-5 minutes at same dose • Allergic Reaction: 0.01mg/kg IV/IO to a max dose of 0.5mg (ADMINISTER ONLY IF EVIDENCE OF SHOCK IS PRESENT) • Epinephrine 1:1,000: 0.01mg/kg to a max of 0.15mg IM
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Stimulates alpha and beta adrenergic receptors • Increases heart rate, systemic blood pressure and coronary blood flow
CONTRANDICATIONS	<ul style="list-style-type: none"> • Hypertension • Tachycardia (with pulse) • Patients with VAD device unless in cardiac arrest or severe allergic reaction
SIDE EFFECTS	<ul style="list-style-type: none"> • Hypertension • Palpitations • Tachycardia • Tremors
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Must monitor waveform capnography at the AEMT and Paramedic levels • Pay special attention to the concentration either 1:1,000 or 1:10,000

EPINEPHRINE DRIP

INDICATIONS	Bradyarrhythmias resistant to Atropine and pacing therapy
ADMINISTRATION	IV/IO Infusion
IV DRIP PREPARATION	Inject 1mg of 1:1,000 Epi in a 100cc or 250cc bag of NS
DOSAGE	
ADULT	<ul style="list-style-type: none"> • 2-10mcg/min IV/IO drip • Mixed in 100cc bag: <ul style="list-style-type: none"> ○ 1mcg = 6gtt/min ○ 2mcg = 12gtt/min ○ 10mcg = 60gtt/min • Mixed in 250cc bag: <ul style="list-style-type: none"> ○ 1mcg = 15gtt/min ○ 2mcg = 30gtt/min ○ 10mcg = 150gtt/min
PEDIATRIC	<ul style="list-style-type: none"> • 2-10mcg/min IV/IO drip • Mixed in 100cc bag: <ul style="list-style-type: none"> ○ 1mcg = 6gtt/min ○ 2mcg = 12gtt/min ○ 10mcg = 60gtt/min • Mixed in 250cc bag: <ul style="list-style-type: none"> ○ 1mcg = 15gtt/min ○ 2mcg = 30gtt/min ○ 10mcg = 150gtt/min
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Stimulates alpha and beta adrenergic receptors • Increases heart rate, systemic blood pressure and coronary blood flow
CONTRANDICATIONS	<ul style="list-style-type: none"> • Hypertension • Tachycardia • Patients with VAD device
SIDE EFFECTS	<ul style="list-style-type: none"> • Hypertension • Palpitations • Tachycardia • Tremors
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Always mix with 1:1,000 concentration to mix the drip

FENTANYL

(Duragesic)

INDICATIONS	Pain Management
ADMINISTRATION	IV, IO, IN (Intranasal)
DOSAGE	
ADULT	<ul style="list-style-type: none"> • IV/IO Dose: 2.5 to 5mcg/kg for single dose max of 100 mcg, (2.5mcg/kg if >60 years of age) <ul style="list-style-type: none"> ○ May repeat once at same dosage if needed in 3-5 minutes • IN Dose: 2mcg/kg per single dose with max of 100mcg <ul style="list-style-type: none"> ○ May repeat once at same dosage if needed in 3-5 minutes • Cardiac Chest pain for hypotensive patients (< 90mmHg SBP) 50mcg IV
PEDIATRIC	<ul style="list-style-type: none"> • IV/IO Dose: 1 to 2mcg/kg given slowly to a max of 100 mcg per single dose <ul style="list-style-type: none"> ○ May repeat once at same dosage if needed in 3-5 minutes • IN Dose: 2mcg/kg to a max of 100mcg per single dose <ul style="list-style-type: none"> ○ May repeat once at same dosage if needed in 3-5 minutes • Not indicated for children < 2 years of age
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Inhibits ascending pain pathways in CNS • Increases pain threshold • Alters pain perception by binding to opiate receptors
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity • Asthma • Severe renal disease • Severe hepatic disease
SIDE EFFECTS	<ul style="list-style-type: none"> • Dizziness • Bradycardia • Hypotension • Hypertension • Blurred vision • Nausea/Vomiting • Urinary Retention • Diaphoresis • Respiratory depression
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Light Sensitive • DO NOT use in children < 2 years of age • Paramedics may choose a lower IV/IO dose for adults and pediatrics at the Paramedic's discretion • Must monitor waveform capnography

GLUCAGON

INDICATIONS	Hypoglycemia
ADMINISTRATION	IM
DOSAGE	
ADULT	1mg IM
PEDIATRIC	0.5mg IM
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Increases blood sugar • Improves mental status
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity • Hyperglycemia
SIDE EFFECTS	<ul style="list-style-type: none"> • Hypotension • Nausea and Vomiting
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Peak effect occurs within 30 minutes • Pts can be hyperglycemic for one to two hours after • The administration of Glucagon does NOT contraindicate the administration of D10W

IBUPROFEN

(Motrin)

INDICATIONS	Used for the management of fever of 100.4° F. or greater
ADMINISTRATION	Orally
DOSAGE	
ADULT	10mg/kg up to 800mg. Given in 200mg tablets so medication dosage will be rounded to nearest 200mg increment
PEDIATRIC	10mg/kg up to 800mg of Liquid Children's Motrin is used for pediatrics
THERAPEUTIC EFFECTS	As an antipyretic, Ibuprofen is used to manage fever and to treat/prevent sepsis
CONTRAINDICATIONS	<ul style="list-style-type: none">• Allergy• Pregnancy• Hyperglycemia• Ibuprofen or other NSAID taken within last 4 hours• Acetaminophen taken within last 90 minutes
SIDE EFFECTS	<ul style="list-style-type: none">• Nausea/vomiting• GI distress/bleeds• Wheezing• Dizziness• Skin rash• Fluid retention• Constipation• Hypertension
SPECIAL NOTES/RESTRICTIONS	May decrease the effect of aspirin

KETAMINE

(Ketalar)

INDICATIONS	<ul style="list-style-type: none"> • For the chemical sedation of patients suffering from Hyperactive Delirium with Agitation as often exhibited by abuse of stimulant drugs, synthetic marijuana, and bath salts • For pain management ONLY if: <ul style="list-style-type: none"> ○ Severe non-cardiac pain rated at a 9 or 10 by the patient AND accompanying indications of severe pain such as increased heart rate, increased blood pressure, obvious significant injury, etc., OR ○ Prolonged expected extrication time (> 10 minutes) where the patient is in severe pain due to significant injury • For sedation prior to synchronized cardioversion or pacing in conscious patients that are hypotensive (SBP < 90mmHg) • As an induction agent for PAI: • To maintain sedation of a hypotensive (SBP < 90mmHg) patient with an advanced airway
ADMINISTRATION	<ul style="list-style-type: none"> • For Chemical Restraint: IV, IO or IM • For Pain or Sedation for Electrical Therapy: IV/IO Only • For PAI Induction: IV/IO only • To maintain sedation of a hypotensive (SBP < 90mmHg): IV/IO only
DOSAGE	
ADULT	<ul style="list-style-type: none"> • For Chemical Restraint: <ul style="list-style-type: none"> ○ IV/IO: 2mg/kg slow push (over 1 minute) <ul style="list-style-type: none"> ▪ May repeat once in 10 minutes if needed ○ IM: 5mg/kg in thigh. (May require multiple injections as a maximum of 5cc per injection may be given) <ul style="list-style-type: none"> ▪ May repeat once in 20-25 minutes if indicated. (IV route is preferred for repeat doses) • For Pain Management: <ul style="list-style-type: none"> ○ IV or IO Only: 0.5mg/kg to a maximum of 500mg SLOW IV/IO push ○ NO repeat dosage unless permission granted by medical direction ○ After 10 minutes, Fentanyl X 1 dose may be administered if needed for continued pain

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KETAMINE (continued)
(Ketalar)

DOSAGE (continued)	
ADULT (continued)	<ul style="list-style-type: none"> • For Sedation prior to cardioversion or pacing: <ul style="list-style-type: none"> ○ IV or IO only: 0.5mg/kg to a maximum of 500mg SLOW IV/IO push ○ NO repeat dosage unless permission granted by medical direction • For Induction Agent for PAI: <ul style="list-style-type: none"> ○ 2mg/kg SLOW IV/IO to a max of 500mg • For Continued Sedation for hypotensive (SBP < 90mmHg) patients with advanced airway: <ul style="list-style-type: none"> ○ 2mg/kg SLOW IV/IO to a max of 500mg
PEDIATRIC	<ul style="list-style-type: none"> • For Chemical Restraint: <ul style="list-style-type: none"> ○ IV: 2mg/kg slow push (over 1 minute) <ul style="list-style-type: none"> ▪ May repeat once in 10 minutes if needed ○ IM for children <5yoa: 3mg/kg in thigh <ul style="list-style-type: none"> ▪ May repeat once in 20-25 minutes if indicated (IV route is preferred for repeat doses) ○ IM for children ≥5yoa: 5mg/kg in thigh. (May require multiple injections as a maximum of 5cc per injection may be given) <ul style="list-style-type: none"> ▪ May repeat once in 20-25 minutes if indicated (IV route is preferred for repeat doses) ○ Should NOT be administered to infants < 3 months old • For Pain Management: <ul style="list-style-type: none"> ○ IV or IO Only: 0.5mg/kg to a maximum of 500mg SLOW IV/IO push ○ After 10 minutes, Fentanyl X 1 dose may be administered if needed for continued pain • For Sedation prior to cardioversion: <ul style="list-style-type: none"> ○ IV or IO only: 0.5mg/kg to a maximum of 500mg SLOW IV/IO push • For Induction Agent for PAI: <ul style="list-style-type: none"> ○ 2mg/kg SLOW IV/IO to a max of 500mg • For Continued Sedation for hypotensive (SBP < 90mmHg) patients with advanced airway: <ul style="list-style-type: none"> ○ 2mg/kg SLOW IV/IO to a max of 500mg

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KETAMINE (continued)
(Ketalar)

THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Anesthetic medication • Amnesic • Reduces anxiety and causes sedation • Decreases perception of pain
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Allergic • Infants < 3 months of age
SIDE EFFECTS	<ul style="list-style-type: none"> • Increased nasal/oral secretions • Muscle tremors • Respiratory depression • Elevated BP
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • If used for pain management: After 10 minutes, Fentanyl X 1 dose may be administered if needed for continued moderate to severe pain. Additional doses of Ketamine or narcotics CANNOT be given without contacting medical control for permission • If a patient has received narcotics, Ketamine CANNOT be given for additional pain management without contacting medical control for permission • Ketamine CANNOT be given IM for pain management • Must monitor waveform capnography • Administration of Atropine may be indicated if significant oral/nasal secretions develop when used for chemical restraint • If given IM for chemical restraint, an IV should be established after sedation. IV route is preferred for repeat doses • All uses of Ketamine MUST be reviewed by a peer reviewer

LABETOLOL

(Normodyne)

INDICATIONS	Hypertensive Crisis
ADMINISTRATION	IV, IO
DOSEAGE	
ADULT	10-20mg IV or IO per online medical control
PEDIATRIC	Not indicated
THERAPEUTIC EFFECTS	Decreases blood pressure without reflex tachycardia or significant reduction in heart rate.
CONTRAINDICATIONS	<ul style="list-style-type: none">• Hypersensitivity to Beta blockers, Cardiogenic shock• 2nd or 3rd degree AV blocks, Sinus Bradycardia, CHF, or Bronchial Asthma• Patients with VAD device
SIDE EFFECTS	<ul style="list-style-type: none">• Orthostatic hypotension• CHF• Chest Pain• Ventricular dysrhythmias• AV Block
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none">• Use caution in patients who are pregnant, or have diabetes, or well compensated heart failure, and in the elderly• Must have online medical direction to give in EMS setting

LACTATED RINGERS

(LR)

INDICATIONS	Trauma and Burns. First line IV fluid of choice for all trauma patients
ADMINISTRATION	IV/IO Infusion
DOSAGE	
ADULT	T.K.O. to W/O IV or IO
PEDIATRIC	T.K.O. to W/O (Boluses) IV/IO
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Expands circulation volume • Isotonic solution • Contains sodium chloride, potassium chloride, calcium chloride, and sodium lactate
CONTRAINDICATIONS	High doses in Congestive Heart Failure
SIDE EFFECTS	<ul style="list-style-type: none"> • Edema • Fluid Overload • Electrolyte imbalance • Hypertension
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Monitor vital signs continuously • Listen to breath sounds for signs of pulmonary edema • Can cause hypertension

LIDOCAINE
(Xylocaine)

INDICATIONS	Ventricular arrhythmias, Pre IO fluid Infusion. PAI for patients w/head injuries
ADMINISTRATION	IV, IO, ETT, IV/IO infusion,
DOSAGE	
ADULT	<ul style="list-style-type: none"> • PVCs: 1mg/kg, if not suppressed give 0.5mg/kg every five minutes until PVCs suppressed or 3mg/kg has been given • Lidocaine Drip must be started at 2mg/minute after using Lidocaine to treat Ventricular arrhythmias • PAI: 1mg/kg for patients with a head injury • Adult IO: Prior to infusion of fluids or flushes in the conscious adult patient you may administer 1mg/kg to a max of 50 mg, if no contraindications
PEDIATRIC	<ul style="list-style-type: none"> • 2mg/kg ETT to a max of 6mg/kg for patients with V-Tach with a pulse, and V-Fib and V-Tach without a pulse • Lidocaine Drip for post resuscitation at 30mcg/kg/min • Head Injury 0.5mg/kg • Pedi IO: Prior to infusion of fluids or flushes in the conscious pedi patient you may administer 0.5mg/kg to a max of 50mg, if no contraindications
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Suppresses Ventricular ectopy • Elevates threshold for ventricular fibrillation • Suppresses re-entry arrhythmias
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Idioventricular rhythms • 2nd and 3rd degree AV blocks • Allergy to local anesthetics • Sinus bradycardia • Patients with VAD device unless in cardiac arrest
SIDE EFFECTS	<ul style="list-style-type: none"> • Arrhythmias • Hypotension • Irritability • Muscle twitching • Seizures
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Successful use of Lidocaine IVP or IO should be followed by additional boluses • Boluses should be reduced in cases of shock, CHF, or elderly patients

MAGNESIUM SULFATE 50%

INDICATIONS	<ul style="list-style-type: none"> Prevention and control of seizures in severe toxemia of pregnancy (Eclampsia)
ADMINISTRATION	Slow IV/IO push, IV infusion
DOSAGE	
ADULT	<p>IVP: Loading dose is 4grams SLOW IV/IO Push over 15 minutes. Should be diluted 1:1 with NS</p> <p>Maintenance Dose: 1 gram/hr IV/IO drip</p>
PEDIATRIC	<ul style="list-style-type: none"> Not used for pediatrics
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> Blocks neuromuscular transmission Decreases the amount of acetylcholine liberated
CONTRAINDICATIONS	<ul style="list-style-type: none"> 2nd or 3rd degree Heart Block Hypersensitivity Patients with VAD device
SIDE EFFECTS	<p>Side effects are a result of magnesium intoxication:</p> <ul style="list-style-type: none"> Flushing, sweating, depressed reflexes, flaccid paralysis, hypothermia Hypotension Circulatory collapse, cardiac depression, CNS depression proceeding to respiratory paralysis Hypocalcemia
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> Monitor closely for magnesium intoxication especially falling BP and respiratory paralysis Should be used with caution on patients with renal impairment Administration of Calcium Gluconate will normally reverse magnesium intoxication Must monitor waveform capnography
IV DRIP PREPARATION	<p>For 250cc Bag:</p> <ul style="list-style-type: none"> Mix 5 grams in 250cc of NS Run at 50gtt/min <p>For 500cc Bag:</p> <ul style="list-style-type: none"> Mix 5 grams in 500cc of NS Run at 100gtt/min

MORPHINE

INDICATIONS	Pain management, Pulmonary Edema, CHF, and Cardiac Chest pain or AMI
ADMINISTRATION	IV, IO
DOSAGE	
ADULT	<ul style="list-style-type: none"> • Pain: 2-6mg may repeat if needed every 10 minutes or until systolic BP is <90mmHg • Pulmonary Edema/CHF: 2-6mg may repeat once in 10 minutes if systolic BP >90mmHg • Chest Pain: 2-6mg may repeat as needed every 10 minutes until pain is relieved or systolic BP <90mmHg
PEDIATRIC	<ul style="list-style-type: none"> • Pain: 0.1mg/kg up to a max single dose of 3mg • Pulmonary Edema: 0.1mg/kg to a max single dose of 3mg
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Binds with opiate receptors to reduce pain • Peripheral vasodilation
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity to Morphine • Head Injury • Hypotension • Hypovolemia • Respiratory depression • Patients with a VAD device
SIDE EFFECTS	<ul style="list-style-type: none"> • Bradycardia • Hypotension • Nausea and vomiting • Respiratory depression
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Naloxone (Narcan) and respiratory equipment should be immediately accessible. • Must monitor waveform capnography

NARCAN (Naloxone)

INDICATIONS	Opiate Overdose, Decreased LOC
ADMINISTRATION	IV, IO, ETT, IN (Intranasal)
DOSAGE	
ADULT	<ul style="list-style-type: none"> • IV/IO Dose: 2mg, may be repeated if no changes in patients mental status <ul style="list-style-type: none"> ○ Patients on chronic high dosages of Narcotics give 0.1mg every 2-3 minutes for clinical effect. • IN Dose: 2mg, may be repeated once if no increase in respirations or LOC
PEDIATRIC	<ul style="list-style-type: none"> • IV/IO Dose: 0.1mg/kg to a max of 2mg • IN Dose: 0.1mg/kg to a max of 2mg, may be repeated once if no increase in respirations or LOC
THERAPEUTIC EFFECTS	Reverses effects of most narcotic agents
CONTRAINDICATIONS	Hypersensitivity to Naloxone
SIDE EFFECTS	<ul style="list-style-type: none"> • Acute Narcotic withdrawal • Hypertension • Irritability • Nausea and vomiting • Tachycardia
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Does not reverse benzodiazepine overdoses • May precipitate acute withdrawal symptoms • Caution should be exercised when administering Naloxone to patients addicted to narcotics

NITROGLYCERIN

(Nitro-Bid, Nitrostat)

INDICATIONS	Chest Pain, Pulmonary Edema, CHF
ADMINISTRATION	SL
DOSAGE	
ADULT	<ul style="list-style-type: none"> • Chest Pain or ACS: If systolic BP is >90mmHg give 0.4mg SL or 1 metered spray of Nitro spray, every 5 minutes until symptoms relieved or Systolic blood pressure < 90mmHg • Pulmonary Edema/CHF: If systolic BP > 90mmHg give one Nitro 0.4mg SL or one metered Nitro Spray, may repeat X 1
PEDIATRIC	NOT INDICATED
THERAPEUTIC EFFECTS	Dilates coronary and systemic arteries
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Head trauma • Hypotension • Use of Viagra, Cialis or Levitra within past 48 hours • Patients with a VAD device
SIDE EFFECTS	<ul style="list-style-type: none"> • Dizziness • Headache • Hypotension
SPECIAL NOTES/RESTRICTIONS	Contact Medical Control prior to administration if taking Viagra, Cialis or Levitra

NORCURON (Vecuronium)

INDICATIONS	<ul style="list-style-type: none"> • To facilitate emergent endotracheal intubation • Provide skeletal muscle relaxation during artificial ventilations
ADMINISTRATION	IV, IO
DOSAGE	
ADULT	0.15mg/kg to a max of 20mg and may repeat dosage at 0.01mg/kg if needed
PEDIATRIC	0.15mg/kg to a max of 20mg and may repeat dosage at 0.01mg/kg if needed
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • The agent is a non-depolarizing skeletal muscle relaxant • This agent acts by competing for cholinergic receptors, which prevents acetylcholine from binding to the receptors on the muscle end plate, thus blocking depolarization
CONTRAINICATIONS	Hypersensitivity to the drug
SIDE EFFECTS	<ul style="list-style-type: none"> • Serious histamine mediated flushing • Hypotension • Bronchoconstriction • Transient increase in heart rate • Respiratory depression and Apnea • Redness and itching at IV site
SPECIAL NOTES/ RESTRICTIONS	<ul style="list-style-type: none"> • The patient will be completely paralyzed and in respiratory arrest for 20-30 minutes following the administration of Norcuron-Complete airway control management will be necessary • The agent has no effect on consciousness, cerebation or pain threshold • Must monitor waveform capnography

NORMAL SALINE
(0.9% Sodium Chloride)

INDICATIONS	Non-traumatic hypovolemic status, as a flushing agent, D.K.A. and as an irrigation solution for eyes. First line IV fluid of choice for medical conditions
ADMINISTRATION	IV/IO Push, IV/IO Infusion
DOSAGE	
ADULT	T.K.O. to W/O IV or IO
PEDIATRIC	T.K.O. to W/O (Fluid Boluses) IV/IO
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Expands circulation volume • Isotonic solution
CONTRAINDICATIONS	High doses in Congestive Heart Failure
SIDE EFFECTS	<ul style="list-style-type: none"> • Edema • Fluid Overload • Electrolyte imbalance • Hypertension
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Monitor vital signs continuously • Listen to breath sounds for signs of pulmonary edema • Can cause hypertension

ORAL GLUCOSE

INDICATIONS	Low blood sugar
ADMINISTRATION	Buccal
DOSAGE	
ADULT	15g between cheek and gum, may repeat to desired effect
PEDIATRIC	15g between cheek and gum, may repeat to desired effect
THERAPEUTIC EFFECTS	Increases blood sugar in patients that are alert and able to swallow
CONTRAINDICATIONS	<ul style="list-style-type: none">• Unconscious patients• Inability to follow commands• Inability to swallow• Hyperglycemia
SIDE EFFECTS	None
SPECIAL NOTES/RESTRICTIONS	Only administer to patients that are alert and able to swallow

OXYGEN

INDICATIONS	<ul style="list-style-type: none"> • Treat Hypoxemia • Help decrease work of breathing • Decreases myocardial work
ADMINISTRATION	Inhalation
DOSAGE	
ADULT	<ul style="list-style-type: none"> • 1-6lpm via Nasal cannula • 8-15lpm via Non-Rebreather Mask • 3-6lpm via Handheld Nebulizer • 15lpm via BVM or ETT
PEDIATRIC	<ul style="list-style-type: none"> • 1-6lpm via Nasal cannula • 8-15lpm via Non-Rebreather Mask • 3-6lpm via Handheld Nebulizer • 15lpm via BVM or ETT
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Supplemental Oxygen increases alveolar oxygen tension • Reduces both the magnitude and extent of ST changes during an AMI
CONTRAINDICATIONS	DO NOT GIVE SUPPLEMENTAL OXYGEN IN A PARAQUAT POISONING
SIDE EFFECTS	None for short term emergency use
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Do NOT withhold Oxygen from a COPD patient if he/she needs it • Monitor SPO2 continuously

RACEMIC EPINEPHRINE (Micronefrin, Vapo Nefrin)

INDICATIONS	Croup
ADMINISTRATION	Inhalation
DOSAGE	
ADULT	DO NOT GIVE TO ADULT PATIENTS
PEDIATRIC	<40KG: 11.25mg Racemic Epinephrine in 2mL 2.25% saline solution via nebulizer
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Bronchodilator • Vasoconstrictor
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity • Epiglottitis • Significant underlying cardiovascular disease
SIDE EFFECTS	<ul style="list-style-type: none"> • Anxiety • Palpitations • Headache • Tremors • Tachycardia • Nausea/Vomiting
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Monitor vital signs closely • Should be used only once prehospital (contact medical control if another is needed) • Excessive use may cause bronchospasms • May develop “rebound worsening” within 30-60 minutes • Effects last from 90-120 minutes • Must monitor waveform capnography • PATIENT MUST BE TRANSPORTED AFTER RECEIVING RACEMIC EPINEPHRINE • Heat and Light sensitive should be stored in a dark cool place

ROCURONIUM

(Zemuron)

INDICATIONS	<ul style="list-style-type: none"> • To facilitate emergent endotracheal intubation • Provide skeletal muscle relaxation during artificial ventilations
ADMINISTRATION	IV, IO
DOSAGE	
ADULT	1mg/kg. May repeat dosage at 0.1mg/kg if needed after 12 minutes
PEDIATRIC	<ul style="list-style-type: none"> • Preferred Paralytic for Pediatrics • 1mg/kg. May repeat dosage at 0.1mg/kg if needed after 12 minutes
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • The agent is a non-depolarizing skeletal muscle relaxant • This agent acts by competing for cholinergic receptors, which prevents acetylcholine from binding to the receptors on the muscle end plate, thus blocking depolarization
CONTRAINICATIONS	Hypersensitivity to the drug
SIDE EFFECTS	<ul style="list-style-type: none"> • Serious histamine mediated flushing • Hypotension • Bronchoconstriction • Transient increase in heart rate • Myopathy • Respiratory depression and Apnea • Redness and itching at IV site
SPECIAL NOTES/ RESTRICTIONS	<ul style="list-style-type: none"> • The patient will be completely paralyzed and in respiratory arrest for 20-60 minutes following the administration of Rocuronium- Complete airway control management will be necessary • The agent has no effect on consciousness, cerebation or pain threshold • Must monitor waveform capnography

SODIUM BICARBONATE

INDICATIONS	Cardiac Arrest, may also be given for KNOWN Tricyclic Antidepressant O.D., Hyperkalemia or Acidosis
ADMINISTRATION	IV, IO
DOSAGE	
ADULT	<ul style="list-style-type: none"> • 1mEq/kg up to 100mEq. May be repeated at 0.5mEq/kg every 10 minutes to a max of 50 mEq. • Paramedics may give in prolonged cardiac arrest (>20 minutes) without online medical direction
PEDIATRIC	NOT INDICATED
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Buffers strong acids in the blood • Antagonizes sodium channel blockade in TCA overdose • Prevents resorption of salicylates in renal tubes
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypokalemia • Pulmonary Edema
SIDE EFFECTS	<ul style="list-style-type: none"> • Dysrhythmias secondary to potassium effects • Metabolic alkalosis • Pulmonary edema
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • MUST CONTACT ON-LINE MEDICAL CONTROL for any usage other than prolonged cardiac arrest (>20 minutes) • Not to be used in place of proper ventilation to prevent acidosis • In patients less than 2 years of age you must dilute 1:1 with NS

SUCCINYLCHOLINE

(Anectine)

INDICATIONS	To facilitate Pharmacological Assisted Intubation (PAI)
ADMINISTRATION	IV, IO
DOSAGE	
ADULT	2mg/kg rapid IV or IO push, to a max of 200mg. Do not repeat without medical control authorization.
PEDIATRIC	2mg/kg rapid IV or IO push, to a max of 200mg. Do not repeat without medical control authorization
THERAPEUTIC EFFECTS	<ul style="list-style-type: none">• Inhibits transmission of nerve impulses by binding with cholinergic receptors sites, antagonizing action of acetylcholine causes release of histamine
CONTRAINDICATIONS	<ul style="list-style-type: none">• Burns greater than 48 hours old• Kidney Dialysis• Chronic neuromuscular disease or any chronic paralysis• Hypersensitivity
SIDE EFFECTS	<ul style="list-style-type: none">• Bradycardia• Tachycardia• Hypertension• Dysrhythmias• Apnea• Respiratory depression
SPECIAL NOTES/ RESTRICTIONS	<ul style="list-style-type: none">• Monitor vital signs closely• Must monitor waveform capnography

VALIUM
(Diazepam)

INDICATIONS	Major motor seizures, Status Epilepticus
ADMINISTRATION	IV, IO, and Rectal
DOSAGE	
ADULT	Seizures: 5mg IV, if no changes repeat 5 mg every 5 minutes until seizures controlled. Rectally one dose 10mg
PEDIATRIC	<ul style="list-style-type: none"> • Seizures: 0.1mg/kg, IV to a max of 5mg per dose, may repeat dose every 5 minutes until seizures controlled. • Rectal: 0.5mg/kg, rectal to a max of 10 mg per dose
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Suppresses spread of seizure activity through the motor cortex • Skeletal muscle relaxant • Reduces anxiety and causes sedation
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Respiratory depression • Hypotension • Allergy
SIDE EFFECTS	<ul style="list-style-type: none"> • Hypotension • Respiratory depression • Use caution in the elderly patients
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Intramuscular administration leads to widely variable absorption and should be avoided if possible. • For patients with VAD device, only use for continuous seizures, and use the lowest effective dose • Must monitor waveform capnography

VERSED (Midazolam)

INDICATIONS	Premedication for cardioversion, Seizures, Chemical Sedation and Restraint
ADMINISTRATION	IV, IO, IM, IN (Intranasal)
DOSAGE	
ADULT	<p>Cardioversion:</p> <ul style="list-style-type: none"> • IV/IO: 5mg IV or IO if BP>90mmHg (2.5mg if patient is >60 years of age) • IN: 0.2mg/kg to a max of 5mg, repeated every 5-10 minutes as needed as long as SBP > 90mmHg <p>Chemical Sedation:</p> <ul style="list-style-type: none"> • IV/IO, IM: 1-5mg IV, IO or IM 0.5mg/kg to a max of 5mg per dose • IN: 0.2mg/kg to a max of 5mg, repeated every 5-10 minutes as needed as long as SBP > 90mmHg <p>Seizure:</p> <ul style="list-style-type: none"> • IM: 5mg IM, may be repeated at 2.5mg every 10 minutes as needed to control seizure activity. • IN: 0.2mg/kg to a max of 5mg, may repeat every 5-10 minutes at 0.1mg/kg to a max of 2.5
PEDIATRIC	<p>Cardioversion:</p> <ul style="list-style-type: none"> • IV/IO: 0.1mg/kg IV or IO to a max of 2.5mg <p>Chemical Sedation:</p> <ul style="list-style-type: none"> • IV/IO, IM: 0.1mg/kg IV or IO to a max of 5mg • IN: 0.2mg/kg to a max of 5mg, repeated every 5-10 minutes as needed as long as SBP > 90mmHg <p>Seizures:</p> <ul style="list-style-type: none"> • IM: 0.2mg/kg IM to a max of 5mg, may repeat 0.1mg/kg every 10 minutes as needed. • IN: 0.2mg/kg to a max of 5mg, may repeat every 5-10 minutes at 0.1mg/kg to a max of 2.5
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • C.N.S. depressant • The agent causes amnesia by unknown mechanism
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity • Pre-existing respiratory depression due to drugs or C.N.S. dysfunction • Use with caution, if at all, for shock states, head injury patients and comatose patients
SIDE EFFECTS	<ul style="list-style-type: none"> • Amnesia, Tonic-clonic activity, drowsiness, and lethargy • Tachycardia and Hypotension • Photophobia, blurred vision and nystagmus • Nausea, vomiting, depressed gag reflex • Pain and phlebitis at injection site
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • This agent is 3-4 times as potent as diazepam on a milligram-to-milligram basis. It has a more rapid onset and shorter half-life than Valium • Monitor ECG, V/S, and SPO2 continuously • For patients with VAD device, only use for continuous seizures, and use the lowest effective dose • Must monitor waveform capnography

**XOPENEX
(Levalbuterol)**

INDICATIONS	Respiratory distress with patients that have Asthma or COPD
ADMINISTRATION	Nebulized via supplemental oxygen
DOSAGE	
ADULT	1.25mg/3ml nebulized, may repeat once if no relief
PEDIATRIC	1.25mg/3ml nebulized, may repeat once if no relief
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Relaxes soft muscles • Causes bronchodilation • Causes cardiac stimulation
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity to drug • Tachydysrhythmias • Severe cardiac disease
SIDE EFFECTS	<ul style="list-style-type: none"> • Dizziness • Migraine • Nervousness • Anxiety • Tachycardia • Increased cough
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Use with caution in patients with Cardiovascular disorders • Use caution in patients with Diabetes and seizure disorders • For patients with a VAD device, limit to one dose • Must monitor waveform capnography at the AEMT and Paramedic levels

**ZOFRAN
(Ondansetron)**

INDICATIONS	Nausea and Vomiting
ADMINISTRATION	IV, IO, PO via ODT
DOSAGE	
ADULT	<ul style="list-style-type: none"> • 4mg IV/IO or via ODT • For ODT administration, Patient must be conscious and able to follow commands
PEDIATRIC	<ul style="list-style-type: none"> • <i>NOT INDICATED FOR CHILDREN < 2 YEARS OF AGE</i> • IV/IO: if over 2 years of age: 0.1mg/kg IV/IO push to a max of 4mg • ODT: <ul style="list-style-type: none"> ○ If over 2 but less than 4 years old: 2mg (1/2 tablet) <ul style="list-style-type: none"> ▪ Patient must have GCS of 15 ○ If 4 years of age or older: 4mg (1 tablet) <ul style="list-style-type: none"> ▪ Patient must have GCS of 15
THERAPEUTIC EFFECTS	<ul style="list-style-type: none"> • Helps reverse the effects of nausea • May potentate the effects of CNS depressants
CONTRAINDICATIONS	<ul style="list-style-type: none"> • Hypersensitivity to drug
SIDE EFFECTS	<ul style="list-style-type: none"> • Headache • Lightheadedness/Dizziness
SPECIAL NOTES/RESTRICTIONS	<ul style="list-style-type: none"> • Do NOT administer to children < 2 YOA • Zofran ODT is administered by placing the tablet on top of the tongue and encouraging the patient to allow it to dissolve without swallowing • Zofran IV is the preferred administration route. • Zofran ODT may be given by EMTs or by ALS personnel if unable to establish an IV. • If Zofran ODT is given, the highest certified crewmember must maintain control of patient care and document the call on the PCR

ADULT MEDICATIONS FOR WEIGHTS UP TO 100KG Page 1 of 2

Weight (lbs)	110lbs	132lbs	154lbs	176lbs	198lbs	220lbs
Weight (kg)	50kg	60kg	70kg	80kg	90kg	100kg
Acetaminophen (PO), 10mg/kg up to 1,000mg (500mg tablets)	500mg (1 tablet)	500mg (1 tablet)	500mg (1 tablet)	1,000mg (2 tablets)	1,000mg (2 tablets)	1,000mg (2 tablets)
IV Acetaminophen, 1,000mg in 100ml of D5W or NS Given IV infusion over 15 minutes	100cc over 15 minutes					
Activated Charcoal 1g/kg up to 50g	50g PO					
Adenosine 12mg Rapid IV push, may be repeated once at 12mg rapid IV push	12mg	12mg	12mg	12mg	12mg	12mg
Amiodarone 150mg IV over 10 minutes for VT with a pulse	150mg	150mg	150mg	150mg	150mg	150mg
Amiodarone 300mg rapid IV for VF/VT without a pulse may repeat once at 150mg	300mg	300mg	300mg	300mg	300mg	300mg
Aspirin (ASA) 325mg PO	325mg	325mg	325mg	325mg	325mg	325mg
Atropine for Bradycardia 1mg may be repeated to a max of 3mg	1mg	1mg	1mg	1mg	1mg	1mg
Benadryl 50mg IVP	50mg	50mg	50mg	50mg	50mg	50mg
Benadryl 50mg PO (Administer two 25mg Tablets)	50mg	50mg	50mg	50mg	50mg	50mg
Calcium Gluconate 1 gram SLOW IV Push	1 gram					
Decadron 20mg SIVP	20mg	20mg	20mg	20mg	20mg	20mg
Dextrose 10% (D10W): Administer IV bolus using a 10-Drop set. Titrate to LOC.	Titrate to Effect					
Dopamine 5mcg/kg/min 200mg/250mL (60-Drop Set)	18gtts/min	23gtts/min	26gtts/min	30gtts/min	34gtts/min	38gtts/min
Dopamine 10mcg/kg/min 200mg/250mL (60-Drop Set)	38gtts/min	45gtts/min	53gtts/min	60gtts/min	68gtts/min	75gtts/min
Dopamine 15mcg/kg/min 200mg/250mL (60-Drop Set)	56gtts/min	68gtts/min	79gtts/min	90gtts/min	101gtts/min	113gtts/min
Dopamine 20mcg/kg/min 200mg/250mL (60-Drop Set)	75gtts/min	90gtts/min	105gtts/min	120gtts/min	135gtts/min	150gtts/min
Duo-Neb, 3mg of Albuterol with 0.5mg of Ipratropium in 3cc, Nebulized (Albuterol/Ipratropium)	3mg/0.5mg in 3cc					
Epi 1:1,000 0.3mg IM	0.3mg	0.3mg	0.3mg	0.3mg	0.3mg	0.3mg
Epi 1:10,000 1mg IVP or 2mg ETT	1mg/2mg	1mg/2mg	1mg/2mg	1mg/2mg	1mg/2mg	1mg/2mg
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 2mcg/min (60-Drop Set)	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 4mcg/min (60-Drop Set)	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 6mcg/min (60-Drop Set)	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 8mcg/min (60-Drop Set)	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 10mcg/min (60-Drop Set)	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 2mcg/min (60-Drop Set)	30gttmin	30gttmin	30gttmin	30gttmin	30gttmin	30gttmin
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 4mcg/min (60-Drop Set)	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 6mcg/min (60-Drop Set)	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 8mcg/min (60-Drop Set)	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 10mcg/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min
Fentanyl, IV: 2.5-5mcg/kg to a max of 100mcg single does. May repeat once	100mcg	100mcg	100mcg	100mcg	100mcg	100mcg
Fentanyl, Intranasal (MAD): 2mcg/kg to a max of 100mcg per dose	100mcg	100mcg	100mcg	100mcg	100mcg	100mcg
Glucagon 1mg IM	1mg	1mg	1mg	1mg	1mg	1mg
Ibuprofen, 10mg/kg up to 800mg (200mg tablets)	400mg (2 tablets)	600mg (3 tablets)	600mg (3 tablets)	800mg (4 tablets)	800mg (4 tablets)	800mg (4 tablets)
Ketamine IV Push For Chemical Restraint: 2mg/kg (Administer slowly over 1 minute)	100mg	120mg	140mg	160mg	180mg	200mg

ADULT MEDICATIONS FOR WEIGHTS UP TO 100KG Page 2 of 2

Weight (lbs)	110lbs	132lbs	154lbs	176lbs	198lbs	220lbs
Weight (kg)	50kg	60kg	70kg	80kg	90kg	100kg
Ketamine IM For Chemical Restraint: 5mg/kg (In Thigh) May require multiple injections as maximum of 5cc per injection may be given	250mg	300mg	350mg	400mg	450mg	500mg
Ketamine for Pain Management: 0.5mg/kg SLOW IV or IO push to a maximum of 500mg	25mg	30mg	35mg	40mg	45mg	50mg
Ketamine for Sedation prior to Cardioversion or Pacing: 0.5mg/kg SLOW IV or IO push to a maximum of 500mg	25mg	30mg	35mg	40mg	45mg	50mg
Ketamine as Induction Agent for PAI: 2mg/kg SLOW IV/IO to a maximum of 500mg	100mg	120mg	140mg	160mg	180mg	200mg
Ketamine to Maintain Sedation of a HYPOTENSIVE (SBP < 90mmHg) patient with advanced Airway: 2mg/kg SLOW IV/IO to a maximum of 500mg. Do NOT repeat without online medical control	100mg	120mg	140mg	160mg	180mg	200mg
Labetalol 10-20mg IVP (MUST CONTACT MEDICAL CONTROL BEFORE ADMINISTERING)	10-20mg	10-20mg	10-20mg	10-20mg	10-20mg	10-20mg
Lidocaine for PVCs 1mg/kg IV may be repeated at 0.5mg/kg to a max of 3mg/kg	50mg/25mg	60mg/30mg	70mg/35mg	80mg/40mg	90mg/45mg	100mg/50mg
Lidocaine for VF/VT given via ETT 2mg/kg may repeat at 2mg/kg to a max of 6mg/kg	100mg	120mg	140mg	160mg	180mg	200mg
Lidocaine Drip 2-4mg/minute (60-Drop Set)	30-60ggt/min	30-60ggt/min	30-60ggt/min	30-60ggt/min	30-60ggt/min	30-60ggt/min
Magnesium Sulfate 4 grams Loading Dose (diluted 1:1 and given SLOWLY over 15 minutes)	4 grams					
Magnesium Sulfate Maintenance Drip, 1g/hr. 5 grams in 250cc of NS (60-Drop Set)	50ggt/min	50ggt/min	50ggt/min	50ggt/min	50ggt/min	50ggt/min
Magnesium Sulfate Maintenance Drip, 1g/hr. 5 grams in 500cc of NS (60-Drop Set)	100ggt/min	100ggt/min	100ggt/min	100ggt/min	100ggt/min	100ggt/min
Morphine 2-6mg every 10 minutes (half dosage in pts >60y/o)	2-6mg	2-6mg	2-6mg	2-6mg	2-6mg	2-6mg
Narcan, IV: 2mg may repeat once if no change in mental status	2mg	2mg	2mg	2mg	2mg	2mg
Narcan, Intranasal: 2mg, IN may repeat once if no respiratory improvement	2mg	2mg	2mg	2mg	2mg	2mg
Nitro Spray 0.4mg SL max of 3 if BP>90 systolic	0.4mg	0.4mg	0.4mg	0.4mg	0.4mg	0.4mg
Norcuron 0.15mg/kg to a max of 20mg may repeat at 0.01mg/kg if needed	7.5mg	9mg	10.5mg	12mg	13.5mg	15mg
Oral Glucose 15g between check and gum may repeat to desired effect	15g	15g	15g	15g	15g	15g
Racemic Epi	Not indicated					
Rocuronium (INITIAL DOSE) 1mg/kg	50mg	60mg	70mg	80mg	90mg	100mg
Rocuronium (REPEAT DOSE) repeated X1 in 12 minutes if needed 0.1mg/kg	5mg	6mg	7mg	8mg	9mg	10mg
Sodium Bicarbonate 1meq/kg to a max of 100meq, may repeat at 0.5meq every 10 minutes up to 50meq	50meq	60meq	70meq	80meq	90meq	100meq
Succinylcholine 2mg/kg rapid IVP	100mg	120mg	140mg	160mg	180mg	200mg
Valium 5mg IV for active seizures may repeat as needed at 5mg every 5 minutes	5mg	5mg	5mg	5mg	5mg	5mg
Versed 5mg IVP if BP>90 systolic (2.5mg if pt >60)	5mg	5mg	5mg	5mg	5mg	5mg
Versed, Intranasal for SEIZURE activity (0.2mg/kg to a max of 5mg)	5mg	5mg	5mg	5mg	5mg	5mg
Versed, Intranasal, for SEIZURE activity, REPEAT DOSAGE at 0.1mg/kg to a max of 2.5mg	2.5mg	2.5mg	2.5mg	2.5mg	2.5mg	2.5mg
Versed, Intranasal, for SEDATION: 0.2mg/kg to a max of 5mg. May repeat every 5-10 minutes as needed as long as SBP>90mmHg	5mg	5mg	5mg	5mg	5mg	5mg
Xopenex 1.25mg/3cc NS Nebulized may be repeated at same dose if needed	1.25mg/3cc	1.25mg/3cc	1.25mg/3cc	1.25mg/3cc	1.25mg/3cc	1.25mg/3cc
Zofran 4mg IVP	4mg	4mg	4mg	4mg	4mg	4mg
Zofran ODT (administer 1 4mg tablet by placing on tongue)	4mg	4mg	4mg	4mg	4mg	4mg

ADULT MEDICATIONS FOR WEIGHTS OF 110KG AND OVER Page 1 of 2

Weight (lbs)	242lbs	264lbs	286lbs	308lbs	330lbs
Weight (kg)	110kg	120kg	130kg	140kg	150kg
Acetaminophen (PO), 10mg/kg up to 1,000mg (500mg tablets)	1,000mg (2 tablets)	1,000mg (2 tablets)	1,000mg (2 tablets)	1,000mg (2 tablets)	1,000mg (2 tablets)
IV Acetaminophen, 1,000mg in 100ml of D5W or NS Given IV infusion over 15 minutes	100cc over 15 minutes	100cc over 15 minutes	100cc over 15 minutes	100cc over 15 minutes	100cc over 15 minutes
Activated Charcoal 1g/kg up to 50g	50g PO				
Adenosine 12mg Rapid IV push, may be repeated once at 12mg rapid IV push	12mg	12mg	12mg	12mg	12mg
Amiodarone 150mg IV over 10 minutes for VT with a pulse	150mg	150mg	150mg	150mg	150mg
Amiodarone 300mg rapid IV for VF/VT without a pulse may repeat once at 150mg	300mg	300mg	300mg	300mg	300mg
Aspirin (ASA) 325mg PO	325mg	325mg	325mg	325mg	325mg
Atropine for Bradycardia 1mg may be repeated to a max of 3mg	1mg	1mg	1mg	1mg	1mg
Benadryl 50mg IVP	50mg	50mg	50mg	50mg	50mg
Benadryl 50mg PO (Administer two 25mg Tablets)	50mg	50mg	50mg	50mg	50mg
Calcium Gluconate 1 gram SLOW IV Push	1gram	1gram	1gram	1gram	1gram
Decadron 20mg SIVP	20mg	20mg	20mg	20mg	20mg
Dextrose 10% (D10W): Administer IV bolus using a 10-Drop set. Titrate to LOC.	Titrate to Effect				
Dopamine 5mcg/kg/min 200mg/250mL (60-Drop Set)	40gtts/min	45gtts/min	49gtts/min	53gtts/min	56gtts/min
Dopamine 10mcg/kg/min 200mg/250mL (60-Drop Set)	84gtts/min	90gtts/min	98gtts/min	105gtts/min	113gtts/min
Dopamine 15mcg/kg/min 200mg/250mL (60-Drop Set)	124gtts/min	135gtts/min	146gtts/min	158gtts/min	169gtts/min
Dopamine 20mcg/kg/min 200mg/250mL (60-Drop Set)	165gtts/min	180gtts/min	195gtts/min	210gtts/min	225gtts/min
Duo-Neb, 3mg of Albuterol with 0.5mg of Ipratropium in 3cc, Nebulized (Albuterol/Ipratropium)	3mg/0.5mg in 3cc				
Epi 1:1,000 0.3mg IM	0.3mg	0.3mg	0.3mg	0.3mg	0.3mg
Epi 1:10,000 1mg IVP or 2mg ETT	1mg/2mg	1mg/2mg	1mg/2mg	1mg/2mg	1mg/2mg
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 2mcg/min (60-Drop Set)	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 4mcg/min (60-Drop Set)	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 6mcg/min (60-Drop Set)	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 8mcg/min (60-Drop Set)	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 10mcg/min (60-Drop Set)	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 2mcg/min (60-Drop Set)	30gttmin	30gttmin	30gttmin	30gttmin	30gttmin
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 4mcg/min (60-Drop Set)	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 6mcg/min (60-Drop Set)	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 8mcg/min (60-Drop Set)	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 10mcg/min (60-Drop Set)	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min
Fentanyl, IV: 2.5-5mcg/kg to a max of 100mcg single does. May repeat once	100mcg	100mcg	100mcg	100mcg	100mcg
Fentanyl, Intranasal (MAD): 2mcg/kg to a max of 100mcg per dose	100mcg	100mcg	100mcg	100mcg	100mcg
Glucagon 1mg IM	1mg	1mg	1mg	1mg	1mg
Ibuprofen, 10mg/kg up to 800mg (200mg tablets)	800mg (4 tablets)	800mg (4 tablets)	800mg (4 tablets)	800mg (4 tablets)	800mg (4 tablets)
Ketamine IV Push For Chemical Restraint: 2mg/kg (Administer slowly over 1 minute)	220mg	240mg	260mg	280mg	300mg

ADULT MEDICATIONS FOR WEIGHTS OF 110KG AND OVER Page 2 of 2

Weight (lbs)	242lbs	264lbs	286lbs	308lbs	330lbs
Weight (kg)	110kg	120kg	130kg	140kg	150kg
Ketamine IM For Chemical Restraint: 5mg/kg (In Thigh) May require multiple injections as maximum of 5cc per injection may be given	550mg	600mg	650mg	700mg	750mg
Ketamine for Pain Management: 0.5mg/kg SLOW IV or IO push to a maximum of 500mg	55mg	60mg	65mg	70mg	75mg
Ketamine for Sedation prior to Cardioversion or Pacing: 0.5mg/kg SLOW IV or IO push to a maximum of 500mg. Do NOT repeat without online medical control	55mg	60mg	65mg	70mg	75mg
Ketamine as Induction Agent for PAI: 2mg/kg SLOW IV/IO to a maximum of 500mg	220mg	240mg	260mg	280mg	300mg
Ketamine to Maintain Sedation of a HYPOTENSIVE (SBP < 90mmHg) patient with advanced Airway: 2mg/kg SLOW IV/IO to a maximum of 500mg. Do NOT repeat without online medical control	220mg	240mg	260mg	280mg	300mg
Labetalol 10-20mg IVP (MUST CONTACT MEDICAL CONTROL BEFORE ADMINISTERING)	10-20mg	10-20mg	10-20mg	10-20mg	10-20mg
Lidocaine for PVCs 1mg/kg IV may be repeated at 0.5mg/kg to a max of 3mg/kg	110mg/55mg	120mg/60mg	130mg/65mg	140mg/70mg	150mg/75mg
Lidocaine for VF/VT given via ETT 2mg/kg may repeat at 2mg/kg to a max of 6mg/kg	220mg	240mg	260mg	280mg	300mg
Lidocaine Drip 2-4mg/minute (60-Drop Set)	30-60gtt/min	30-60gtt/min	30-60gtt/min	30-60gtt/min	30-60gtt/min
Magnesium Sulfate 4 grams Loading Dose (diluted 1:1 and given SLOWLY over 15 minutes)	4 grams				
Magnesium Sulfate Maintenance Drip, 1g/hr. 5 grams in 250cc of NS (60-Drop Set)	50gtt/min	50gtt/min	50gtt/min	50gtt/min	50gtt/min
Magnesium Sulfate Maintenance Drip, 1g/hr. 5 grams in 500cc of NS (60-Drop Set)	100gtt/min	100gtt/min	100gtt/min	100gtt/min	100gtt/min
Morphine 2-6mg every 10 minutes (half dosage in pts >60y/o)	2-6mg	2-6mg	2-6mg	2-6mg	2-6mg
Narcan, IV: 2mg may repeat once if no change in mental status	2mg	2mg	2mg	2mg	2mg
Narcan, Intranasal: 2mg, IN may repeat once if no respiratory improvement	2mg	2mg	2mg	2mg	2mg
Nitro Spray 0.4mg SL max of 3 if BP>90 systolic	0.4mg	0.4mg	0.4mg	0.4mg	0.4mg
Norcuron 0.15mg/kg to a max of 20mg may repeat at 0.01mg/kg if needed	16.5mg	18mg	19.5mg	20mg	20mg
Oral Glucose 15g between check and gum may repeat to desired effect	15g	15g	15g	15g	15g
Racemic Epi	Not Indicated				
Rocuronium (INITIAL DOSE) 1mg/kg	110mg	120mg	130mg	140mg	150mg
Rocuronium (REPEAT DOSE) repeated X1 in 12 minutes if needed 0.1mg/kg	11mg	12mg	13mg	14mg	15mg
Sodium Bicarb 1meq/kg to a max of 100meq, may repeat at 0.5meq every 10 minutes up to 50meq	100meq	100meq	100meq	100meq	100meq
Succinylcholine 2mg/kg rapid IVP	200mg	200mg	200mg	200mg	200mg
Valium 5mg IV for active seizures may repeat as needed at 5mg every 5 minutes	5mg	5mg	5mg	5mg	5mg
Versed 5mg IVP if BP >90 systolic (give half dosage if pt >60y/o)	5mg	5mg	5mg	5mg	5mg
Versed, Intranasal for SEIZURE activity (0.2mg/kg to a max of 5mg)	5mg	5mg	5mg	5mg	5mg
Versed, Intranasal, for SEIZURE activity, REPEAT DOSAGE at 0.1mg/kg to a max of 2.5mg	2.5mg	2.5mg	2.5mg	2.5mg	2.5mg
Versed, Intranasal, for SEDATION: 0.2mg/kg to a max of 5mg. May repeat every 5-10 minutes as needed as long as SBP>90mmHg	5mg	5mg	5mg	5mg	5mg
Xopenex 1.25mg/3cc NS Nebulized may be repeated at same dose if needed	1.25mg in 3cc				
Zofran 4mg IVP	4mg	4mg	4mg	4mg	4mg
Zofran ODT (administer 1 4mg tablet by placing on tongue)	4mg	4mg	4mg	4mg	4mg

PEDIATRIC MEDICATIONS Page 1 of 4

Weight (lbs)	7.5lbs	15lbs	22lbs	33lbs	44lbs	55lbs	66lbs	77lbs	88lbs	99lbs
Weight (kg)	3.5kg	7kg	10kg	15kg	20kg	25kg	30kg	35kg	40kg	45kg
Acetaminophen (PO) NOT INDICATED FOR PEDIATRICS	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated
IV Acetaminophen, 1,000mg in 100ml of D5W or NS. Given IV infusion over 15 minutes < 1 month of age 12.5mg/kg over 15 minutes. > 1 month of age 15mg/kg over 15 minutes	4.5cc over 15 minutes	9cc over 15 minutes:	15cc over 15 minutes:	22.5cc over 15 minutes:	30cc over 15 minutes:	37.5cc over 15 minutes:	45cc over 15 minutes:	52.5cc over 15 minutes:	60cc over 15 minutes:	67.5cc over 15 minutes:
Administer at the appropriate rate for 15 minutes and then discontinue the infusion!	60gtt set: 18gtt/min	60gtt set: 36gtt/min	60gtt set: 60gtt/min	60gtt set: 90gtt/min	60gtt set: 120gtt/min	10gtt set: 25gtt/min	10gtt set: 30gtt/min	10gtt set: 35gtt/min	10gtt set: 40gtt/min	10gtt set: 45gtt/min
Activated Charcoal 1g/kg up to 50g	3.5g	7g	10g	15g	20g	25g	30g	35g	40g	45g
Adenosine 0.1mg/kg to a max of 12mg	0.4mg	0.7mg	1mg	1.5mg	2mg	2.5mg	3mg	3.5mg	4mg	4.5mg
Amiodarone 5mg/kg rapid IV for VF/VT without a pulse may repeat once in 3-5 minutes at 2.5mg/kg to a max of 150mg	17.5mg	35mg	50mg	75mg	100mg	125mg	150mg	150mg	150mg	150mg
Amiodarone 5mg/kg IV or IO over 20 minutes for SVT and VT with a pulse to a max single dose of 150mg May repeat X 2 PRN	17.5mg	35mg	50mg	75mg	100mg	125mg	150mg	150mg	150mg	150mg
Aspirin (ASA)	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated
Atropine for Bradycardia 0.02mg/kg, minimum dose 0.1mg, max single dose 1mg may repeat in 3-5 minutes	0.1mg	0.14mg	0.2mg	0.3mg	0.4mg	0.5mg	0.6mg	0.7mg	0.8mg	0.9mg
Atropine for PAI (using Succinylcholine) 0.02mg/kg to a max of 1mg to all pts less than 16 years old	0.1mg	0.14mg	0.2mg	0.3mg	0.4mg	0.5mg	0.6mg	0.7mg	0.8mg	0.9mg
Atropine for Organophosphate Poisoning 0.05mg/kg to a max of 2mg single dose may repeat in 10-15 minutes (minimum dose 0.1mg)	0.2mg	0.4mg	0.5mg	0.8mg	1mg	1.3mg	15.mg	1.8mg	2mg	2mg
Benadryl 1mg/kg IV/IO to a max of 50mg	3.5mg	7mg	10mg	15mg	20mg	25mg	30mg	35mg	40mg	45mg
Liquid Children's Benadryl PO 1mg/kg to a max of 50mg	3.5mg	7mg	10mg	15mg	20mg	25mg	30mg	35mg	40mg	45mg
Calcium Gluconate NOT INDICATED FOR PEDIATRICS	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated	Not Indicated
Decadron 0.6mg/kg to a max of 20mg NOT INDICATED for children <2 years of age	2mg	4mg	6mg	9mg	12mg	15mg	18mg	20mg	20mg	20mg
Dextrose 10% (D10W): Administer IV bolus using a 60-Drop set. Titrate to LOC.	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect	Titrate to Effect
Dopamine 5mcg/kg/min 200mg/250mL (60-Drop Set)	1gtt/min	3gtts/min	4gtts/min	6gtts/min	8gtts/min	9gtts/min	11gtts/min	13gtts/min	15gtts/min	17gtts/min
Dopamine 10mcg/kg/min 200mg/250mL (60-Drop Set)	3gtts/min	5gtts/min	8gtts/min	11gtts/min	15gtts/min	19gtts/min	23gtts/min	26gtts/min	30gtts/min	34gtts/min
Duo-Neb, 3mg of Albuterol with 0.5mg of Ipratropium in 3cc, Nebulized (Albuterol/Ipratropium)	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc	3mg/0.5mg in 3cc
Epi 1:1,000 for cardiac arrest ETT 0.1mg/kg to a max of 1mg per single dose	0.35mg	0.7mg	1mg	1mg	1mg	1mg	1mg	1mg	1mg	1mg
Epi 1:10,000 for cardiac arrest 0.01mg/kg IV or IO to a max of 1mg per single dose	0.03mg	0.07mg	0.1mg	0.15mg	0.2mg	0.25mg	0.3mg	0.35mg	0.4mg	0.45mg
Epi for Bradycardia 0.01mg/kg of 1:10,000 solution to a max of 5cc per single dose	0.03mg	0.07mg	0.1mg	0.15mg	0.2mg	0.25mg	0.3mg	0.35mg	0.4mg	0.45mg
Epi for Bradycardia via ETT 0.1mg/kg of 1:1,000 solution to a max of 0.5cc per single dose may repeat at same dose every 3-5minutes	0.35mg	0.7mg	1mg	1mg	1mg	1mg	1mg	1mg	1mg	1mg

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Weight (lbs)	7.5lbs	15lbs	22lbs	33lbs	44lbs	55lbs	66lbs	77lbs	88lbs	99lbs
Weight (kg)	3.5kg	7kg	10kg	15kg	20kg	25kg	30kg	35kg	40kg	45kg
Epi for Allergic Reactions 0.01mg/kg IV or IO of 1:10,000 solution to a max of 0.5mg	0.03mg	0.07mg	0.1mg	0.15mg	0.2mg	0.25mg	0.3mg	0.35mg	0.4mg	0.45mg
Epi IM for Allergic Reactions 1:1,000 solution 0.01mg/kg to a max of 0.15mg IM	0.03mg	0.7mg	0.1mg	0.15mg						
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 2mcg/min (60-Drop Set)	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min	12gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 4mcg/min (60-Drop Set)	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min	24gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 6mcg/min (60-Drop Set)	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min	36gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 8mcg/min (60-Drop Set)	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min	48gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 100cc of NS at 10mcg/min (60-Drop Set)	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 2mcg/min (60-Drop Set)	30gtt/min	30gtt/min	30gtt/min	30gtt/min	30gtt/min	30gtt/min	30gtt/min	30gtt/min	30gtt/min	30gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 4mcg/min (60-Drop Set)	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min	60gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 6mcg/min (60-Drop Set)	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min	90gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 8mcg/min (60-Drop Set)	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min	120gtt/min
Epinephrine DRIP, 1mg of 1:1,000 mixed in 250cc of NS at 10mcg/min (60-Drop Set)	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min	150gtt/min
Fentanyl, IV/IO: 1-2mcg/kg slow IVP to a max of 100mcg per single dose. May repeat once (NOT indicated for children < 2 years of age)	Not Indicated	Not Indicated	Not Indicated	15-30mcg	20-40mcg	25-50mcg	30-60mcg	35-70mcg	40-80mcg	45-90mcg
Fentanyl, IN (MAD): 2mcg/kg to a max of 100mcg per dose. Do NOT administer to patients < 2 years of age	Not Indicated	Not Indicated	Not Indicated	30mcg	40mcg	50mcg	60mcg	70mcg	80mcg	90mcg
Glucagon 0.5mg IM NOT INDICATED for children <2 years of age	Not Indicated	Not Indicated	Not Indicated	0.5mg						
Ibuprofen (Liquid Children's Motrin) 10mg/kg up to 800mg	35mg	70mg	100mg	150mg	200mg	250mg	300mg	350mg	400mg	450mg
Ketamine IV Push, for Chemical Restraint: 2mg/kg (Administer slowly over 1 minute). Do NOT administer to patients < 2 years of age	Not Indicated	14mg	20mg	30mg	40mg	50mg	60mg	70mg	80mg	90mg
Ketamine IM, For Chemical Restraint for children < 5yoa: 3mg/kg in thigh. May require multiple injections as maximum of 5cc per injection may be given. Do NOT administer to an infant < 3 months old	N/A	N/A	N/A	N/A	60mg	75mg	90mg	105mg	120mg	135mg
Ketamine IM, For Chemical Restraint for children ≥ 5yoa: 5mg/kg in thigh. May require multiple injections as maximum of 5cc per injection may be given. Do NOT administer to an infant < 3 months old	Not Indicated	35mg	50mg	75mg	100mg	125mg	150mg	175mg	200mg	225mg

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Weight (lbs)	7.5lbs	15lbs	22lbs	33lbs	44lbs	55lbs	66lbs	77lbs	88lbs	99lbs
Weight (kg)	3.5kg	7kg	10kg	15kg	20kg	25kg	30kg	35kg	40kg	45kg
Ketamine for Pain Management: 0.5mg/kg SLOW IV or IO push to a maximum of 500mg	Not Indicated	3.5mg	5mg	7.5mg	10mg	12.5mg	15mg	17.5mg	20mg	22.5mg
Ketamine for Sedation prior to Cardioversion: 0.5mg/kg SLOW IV or IO push to a maximum of 500mg	Not Indicated	3.5mg	5mg	7.5mg	10mg	12.5mg	15mg	17.5mg	20mg	22.5mg
Ketamine as Induction Agent for PAI: 2mg/kg SLOW IV/IO to a maximum of 500mg	7mg	14mg	20mg	30mg	40mg	50mg	60mg	70mg	80mg	90mg
Ketamine to Maintain Sedation of a HYPOTENSIVE (SBP < 90mmHg) patient with advanced Airway: 2mg/kg SLOW IV/IO to a maximum of 500mg. Do NOT repeat without online medical control	7mg	14mg	20mg	30mg	40mg	50mg	60mg	70mg	80mg	90mg
Magnesium Sulfate Loading Dose NOT INDICATED FOR PEDIATRICS	Not Indicated									
Labetalol	Not Indicated									
Lidocaine for Head Injury 0.5mg/kg	2mg	4mg	5mg	8mg	10mg	13mg	15mg	18mg	20mg	23mg
Lidocaine for VT and VF with or without a pulse 2mg/kg ETT to a max of 6mg/kg	7mg	14mg	20mg	30mg	40mg	50mg	60mg	70mg	80mg	90mg
Lidocaine Drip 30mcg/kg/min for Post Resuscitation (60-Drop Set)	2gtt/min	3gtt/min	5gtt/min	7gtt/min	9gtt/min	11gtt/min	14gtt/min	16gtt/min	18gtt/min	20gtt/min
Magnesium Sulfate Maintenance Dose: NOT INDICATED FOR PEDIATRICS	Not Indicated									
Morphine 0.1mg/kg to a max of 3mg single dose	0.4mg	0.7mg	1mg	1.5mg	2mg	2.5mg	3mg	3mg	3mg	3mg
Narcan, IV: 0.1mg/kg to a max of 2mg single dose	0.35mg	0.7mg	1mg	1.5mg	2mg	2mg	2mg	2mg	2mg	2mg
Narcan, Intranasal: 0.1mg/kg to a max of 2mg single dose may repeat once if no respiratory improvement	0.35mg	0.7mg	1mg	1.5mg	2mg	2mg	2mg	2mg	2mg	2mg
Nitroglycerin, Nitro Spray	Not Indicated									
Norcuron 0.15mg/kg to a max of 20mg may repeat at 0.01mg/kg if needed	0.5mg	1mg	1.5mg	2.25mg	3mg	3.75mg	4.5mg	5.25mg	6mg	6.75mg
Oral Glucose 15g between check and gum may repeat to desired effect	15g									
Racemic Epi 11.25mg in 2 cc saline solution nebulized. DO NOT give to pts >40kg	11.25mg									
Rocuronium for PAI Initial Dose 1mg/kg	3.5mg	7mg	10mg	15mg	20mg	25mg	30mg	35mg	40mg	45mg
Rocuronium for PAI Repeat Dose 0.1mg/kg if needed in 12 min.	0.35mg	0.7mg	1mg	1.5mg	2mg	2.5mg	3mg	3.5mg	4mg	4.5mg
Sodium Bicarb	Not Indicated									
Succinylcholine 2mg/kg rapid IVP	7mg	14mg	20mg	30mg	40mg	50mg	60mg	70mg	80mg	90mg
Valium 0.1mg/kg IV to a max of 5mg per dose may repeat every 5 minutes	0.4mg	0.7mg	1mg	1.5mg	2mg	2.5mg	3mg	3.5mg	4mg	4.5mg
Valium 0.5mg/kg Rectal to a max of 10mg per dose	1.8mg	3.5mg	5mg	7.5mg	10mg	10mg	10mg	10mg	10mg	10mg
Versed, IV, for Cardioversion 0.1mg/kg to a max of 2.5mg	0.4mg	0.7mg	1mg	1.5mg	2mg	2.5mg	2.5mg	2.5mg	2.5mg	2.5mg
Versed, IV, for Chemical Sedation 0.1mg/kg to a max of 10mg	0.4mg	0.7mg	1mg	1.5mg	2mg	2.5mg	3mg	3.5mg	4mg	4.5mg

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Weight (lbs)	7.5lbs	15lbs	22lbs	33lbs	44lbs	55lbs	66lbs	77lbs	88lbs	99lbs
Weight (kg)	3.5kg	7kg	10kg	15kg	20kg	25kg	30kg	35kg	40kg	45kg
Versed, IV, for Seizures 0.2mg/kg to a max of 5mg single dose, may repeat at 0.1mg/kg every 10 minutes as needed.	0.7mg	1.4mg	2mg	3mg	4mg	5mg	5mg	5mg	5mg	5mg
Versed, Intranasal for SEIZURE activity (0.2mg/kg to a max of 5mg)	0.7mg	1.4mg	2mg	3mg	4mg	5mg	5mg	5mg	5mg	5mg
Versed, Intranasal, for SEIZURE activity, REPEAT DOSAGE at 0.1mg/kg to a max of 2.5mg	0.35mg	0.7mg	1mg	1.5mg	2mg	2.5mg	2.5mg	2.5mg	2.5mg	2.5mg
Versed, Intranasal, for SEDATION: 0.2mg/kg to a max of 5mg. May repeat every 5-10 minutes as needed as long as SBP>90mmHg	0.7mg	1.4mg	2mg	3mg	4mg	5mg	5mg	5mg	5mg	5mg
Xopenex 1.25mg/3cc NS Nebulized may be repeated at same dose if needed	1.25mg	1.25mg	1.25mg	1.25mg	1.25mg	1.25mg	1.25mg	1.25mg	1.25mg	1.25mg
Zofran, 0.1mg/kg IV/IO to a max of 4mg. DO NOT ADMINISTER TO PATIENT < 2 YEARS OF AGE	Not Indicated	Not Indicated	Not Indicated	1.5mg	2mg	2.5mg	3mg	3.5mg	4mg	4mg
Zofran ODT: -If > 4 YOA: 4 mg (1 tablet) placed on tongue to dissolve -If 2 to 4 YOA: 2mg (1/2 of 4mg tablet placed on tongue to dissolve . *DO NOT ADMINISTER TO PATIENT < 2 YEARS OF AGE*	Not Indicated if < 2 YOA	Not Indicated if < 2 YOA	Not Indicated if < 2 YOA	2mg ½ 4mg tablet	2-4mg (1/2 to 1 tablet) Depending on age	2-4mg (1/2 to 1 tablet) Depending on age	4mg (1 tablet)	4mg (1 tablet)	4mg (1 tablet)	4mg (1 tablet)

DRIP RATE FORMULAS

- **Adult Lidocaine** (mg/min)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set}}{\text{Amount of drug in bag}} = \text{Flow rate in gtts/min}$$

Example:

$$\frac{2 \text{ mg/min} * 250 \text{ mL} * 60 \text{ gtts/min}}{1000 \text{ mg}} = 30 \text{ gtts/min}$$

- **Pediatric Lidocaine** (mcg/kg/min)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set} * \text{Patient weight in kg}}{\text{Amount of drug in bag in mcg (mg} * 1000 = \text{mcg)}} = \text{Flow rate in gtts/min}$$

Pediatric Lidocaine example: (using a 10kg patient)

$$\frac{30 \text{ mcg/min} * 250 \text{ mL} * 60 \text{ gtts/min} * 10 \text{ kg}}{1,000,000 \text{ mcg}} = 5 \text{ gtts/min}$$

- **Dopamine** (mcg/kg/min)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set} * \text{Patient weight in kg}}{\text{Amount of drug in bag in mcg (mg} * 1000 = \text{mcg)}} = \text{Flow rate in gtts/min}$$

Example: (using a 100kg patient)

$$\frac{5 \text{ mcg/min} * 250 \text{ mL} * 60 \text{ gtts/min} * 100 \text{ kg}}{200,000 \text{ mcg}} = 38 \text{ gtts/min}$$

- **Adult Amiodarone** (volume/time)
(Mix 150mg of Amiodarone into 100mL of D5W)

Formula:

$$\frac{\text{Volume to be infused} * \text{Drip set}}{\text{Time in Minutes}} = \text{Flow rate in gtts/min}$$

Example:

$$\frac{100 \text{ mL} * 10 \text{ gtts/min}}{10 \text{ min}} = 100 \text{ gtts/min}$$

- **Magnesium Sulfate (5 grams in 250cc of NS)** (grm/hr)
(Mix 5 grams of Magnesium Sulfate in 250cc of NS)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set}}{\text{Amount of drug in bag}} = \text{Flow rate in gtts/min}$$

Example:

$$\frac{1\text{gm/hr} (.0167\text{gm/min}) * 250 \text{ mL} * 60 \text{ gtts/min}}{5\text{gm}} = 50\text{gtts/min}$$

- **Magnesium Sulfate (5 grams in 500cc of NS)** (grm/hr)
(Mix 5 grams of Magnesium Sulfate in 500cc of NS)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set}}{\text{Amount of drug in bag}} = \text{Flow rate in gtts/min}$$

Example:

$$\frac{1\text{gm/hr} (.0167 \text{ gm/min}) * 500 \text{ mL} * 60 \text{ gtts/min}}{5\text{gm}} = 100\text{gtts/min}$$

- **Epinephrine Drip (1mg in 100cc of NS)** (2mcg/min)
(Mix 1mg of Epinephrine 1:1,000 in 100cc of NS)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set}}{\text{Amount of drug in bag}} = \text{Flow rate in gtts/min}$$

Example:

$$\frac{0.002\text{mg} (2\text{mcg/min}) * 100\text{mL} * 60 \text{ gtts/min}}{1\text{mg}} = 12\text{gtts/min}$$

- **Epinephrine Drip (1mg in 250cc of NS)** (2mcg/min)
(Mix 1mg of Epinephrine 1:1,000 in 100cc of NS)

Formula:

$$\frac{\text{Required dose} * \text{Volume in bag} * \text{Drip set}}{\text{Amount of drug in bag}} = \text{Flow rate in gtts/min}$$

Example:

$$\frac{0.002\text{mg} (2\text{mcg/min}) * 250\text{mL} * 60 \text{ gtts/min}}{1\text{mg}} = 30\text{gtts/min}$$