Epinephrine

Protocols:
1. Anaphylaxis/Allergic Reaction
2. Shock
3. Respiratory Distress (Adult)
4. Pediatric Respiratory Distress, Failure, or Arrest
5. Adult Cardiac Arrest – General
6. Adult Bradycardia
7. Pulmonary Edema/CHF
8. Return of Spontaneous Circulation
9. Pediatric Cardiac Arrest - General
10. Pediatric Bradycardia
11. Neonatal Assessment and Resuscitation

Indications:
1. Anaphylaxis
2. Bradycardia
3. Respiratory distress
4. Hypotension
5. Cardiac arrest

Contraindications:
1. No contraindications in critical patients

Dosing:
1. Epinephrine auto-injector (Protocols 1, 3, 4, MFR per MCA selection in protocol 1)
   a. Adults 0.3 mg, IM
   b. Pediatrics
      i. 0.15 mg, IM
      ii. Pediatric auto-injector indicated for patients greater than 10 kg and less than 30 kg
2. Epinephrine 1mg/1mL (Protocols 1, 3, 4)
   a. Adults 0.3 mg IM
   b. Pediatrics
      i. For patients less than 10 kg contact medical control prior to administration
      ii. For patients greater than 10 kg, administer 0.01 mg/kg, up to 0.3 mg
3. Nebulized (Protocol 4)
   a. Racepinephrine 2.25%
      i. Place 0.5 mL in nebulizer
      ii. Dilute with 3 mL normal saline
   b. Epinephrine (1mg/1mL), 5 mL (5 mg) nebulized
4. Epinephrine 1mg/10mL
a. IV Bolus (Protocols 5, 9, 10, 11)
   i. Adults 1 mg every 3 to 5 minutes in cardiac arrest
   ii. Pediatrics 0.01 mg/kg (0.1mL/kg)

b. Push dose (Protocols 2, 6, 8)
   i. Prepare by combining 1 mL of Epinephrine 1 mg/10 mL with 9 mL NS
   ii. Adults
        1. Administer 10-20 mcg (1-2 mL Epinephrine 10 mcg/mL)
        2. Repeat every 3 to 5 minutes
        3. Titrate to SBP greater than 90 mm/Hg
   iii. Pediatrics
        1. Administer 1 mcg/kg (0.1 mL/kg Epinephrine 10 mcg/mL)
        2. Maximum dose 10 mcg (1 mL)
        3. Repeat every 3-5 minutes

Expected Effects:
1. Decreased wheezing
2. Increased BP
3. Increased HR