




# Adenosine/Adenocard

- CLASS:** Antidysrhythmic
- ACTIONS:** Decreases conduction through the A-V node
- INDICATIONS:** Cardiac Dysrhythmia Narrow Complex Tachycardia  
Cardiac Dysrhythmia Wide Complex Tachycardia  
Pediatric Unstable Tachycardia
- CONTRAINDICATIONS:** Second or third-degree A-V block (except in patients with a functioning pacemaker).  
Sick sinus syndrome (except in patients with a functioning pacemaker).  
Known hypersensitivity  
Poisoning and drug induced tachycardia
-  Will not correct atrial fibrillation, atrial flutter or ventricular tachycardia but is used as a diagnostic maneuver.
- PRECAUTIONS:** The effects of Adenocard are antagonized by methylxanthines such as caffeine and theophylline, so larger doses of Adenocard may be required to be effective.
- Reduce initial dose to 3mg in patients receiving Carbamazepine/Tegretol or Dipyridamole/Persantine, in heart transplant patients or if given by central venous access.
- SIDE EFFECTS:** The half-life of Adenocard is less than ten seconds; thus adverse effects are generally self-limiting, but include facial flushing, chest discomfort and a marked slowing of the heart rate.
- ADULT DOSAGE:** Use a vessel such as the Antecubital or External Jugular if possible
- Stable Narrow Complex Tachycardia:**
- Suspected PSVT:** Administer *Adenosine (Adenocard) 6 mg rapid IV*, followed by a rapid *20 mL 0.9% Normal Saline flush*. Consider antecubital IV if possible and elevate the arm
- If no conversion within 2 minutes, administer *Adenosine (Adenocard) 12 mg rapid IV* followed by a rapid *20 mL 0.9% Normal Saline flush*. Elevate the arm.
- Stable Wide Complex Tachycardia with Pulse:**
- If monomorphic,** Administer *Adenosine (Adenocard) 6 mg rapid IV*, followed by a rapid *20 mL 0.9% Normal Saline flush*
- Unstable Wide Complex Tachycardia with Pulse:**
- If VT is regular and monomorphic, consider *Adenosine 6 mg rapid IV/IO push followed by a rapid 20 mL 0.9% Normal Saline flush*



# Adenosine/Adenocard

**PEDIATRIC DOSAGE:** Use a vessel such as the Antecubital or External Jugular if possible

**Unstable Narrow Complex Tachycardia:**

Administer *Adenosine (Adenocard) 0.1 mg/kg IV/IO* to a maximum dose of **6 mg followed immediately by a 10 mL 0.9% Normal Saline flush and elevate the extremity**

*If no conversion after 2 minutes:*

*Adenosine (Adenocard) 0.2 mg/kg IV/IO* to a maximum dose of **12 mg followed immediately by a 10 mL 0.9% Normal Saline flush and elevate the extremity**

**Unstable Wide Complex Tachycardia with Pulse:**

If it will not delay cardioversion, administer *Adenosine (Adenocard) 0.1 mg/kg IV/IO* to a maximum dose of **6mg followed immediately by a 10 mL 0.9% Normal Saline flush and elevate the extremity**

*If no conversion after 2 minutes:*

*Adenosine (Adenocard) 0.2 mg/kg IV/IO* to a maximum dose of **12 mg followed immediately by a 10 mL 0.9% Normal Saline flush and elevate the extremity**