



Section 13: Appendix 1: Medications

ADENOSINE (ADENOCARD)

Pregnancy Category - C

P PARAMEDIC **P**

ACTIONS	<ol style="list-style-type: none"> 1. Slows conduction time and can interrupt re-entrant pathways through the AV node 2. Slows the sinus rate
INDICATIONS	<ol style="list-style-type: none"> 1. Supra ventricular tachycardia (SVT)
CONTRAINDICATIONS	<ol style="list-style-type: none"> 1. Atrial fibrillation 2. Atrial flutter 3. Ventricular tachycardia 4. Heart blocks 5. Known WPW
PRECAUTIONS	Inform the patient of likely side effects prior to medication administration
SIDE EFFECTS	<ol style="list-style-type: none"> 1. Facial flushing 2. Shortness of breath / dyspnea 3. Chest discomfort 4. Brief period of sinus arrest 5. Headache 6. Dizziness 7. Hypotension
SUPPLIED	6 mg / 2ml vials
ADULT DOSAGE	<p>Initial Dose: 6 mg rapid IVP (over 1-2 sec.) immediately followed with a 20 ml normal saline flush</p> <p>Repeat Dose: (If no response is observed after 1-2 minute) 12 mg rapid IVP (over 1-2 sec.) immediately followed with a 20 ml normal saline flush. May repeat 12 mg dose X1 if no response</p>
PEDIATRIC DOSAGE	<p>Initial Dose: 0.1 mg / kg rapid IVP followed with a 10 ml normal saline flush (Max single dose 6 mg)</p> <p>Repeat Dose: If no response is observed after 1 - 2 min., administer 0.2 mg / kg rapid IVP followed with a 10 ml normal saline flush (Max single dose 12 mg)</p> <p>See <u>PEDIATRIC DRUG ADMINISTRATION CHART</u> for weight based administration</p>
KEY POINTS	<ul style="list-style-type: none"> • Adenosine has a short half-life, and should be administered rapidly followed by a rapid IV flush • Reassess after each medication administration and refer to the appropriate protocol and treat accordingly • Perform a 12 Lead EKG prior to the administration of adenosine and after the rhythm converts
PROTOCOL USE	<ul style="list-style-type: none"> • Adult Narrow Complex Tachycardia • Pediatric Narrow Complex Tachycardia