

Epinephrine 1:10,000 Cardiac Stimulator/Vasoconstrictor	Amiodarone Antiarrhythmic	Atropine Sulfate Antiarrhythmic / Anti-cholinergic	Lidocaine Antiarrhythmic	Aspirin Acetylsalicylic acid/ NSAID	Fentanyl Sublimaze/Opioid analgesic	Nitroglycerine Vasodilator	
- Cardiac Arrest: - Asystole - PEA - V-Fib - Pulseless V-Tach - Bradycardia w/pulse in pediatric resuscitation	- Cardiac Arrest: - V-Fib - Pulseless V-Tach - Wide complex tachycardia with a pulse	- Symptomatic Bradycardia (< 60) - Organophosphate poisoning - Pre-treatment for RSI (< 10 years old)	- Premedication during RSI for pt at risk of increased intracranial pressure - Anesthetic for EZ IO infusion on conscious pt	- Acute chest pain of suspected cardiac origin - Associated symptoms of suspected MI: nausea, SOB, diaphoresis, palpitations.	Pain management (best choice when hypotension is a concern, and when short analgesia is preferred)	- Angina - Chest, arm, or neck pain possibly related to coronary ischemia. - Pulmonary edema - Food impaction located in esophagus	
None in Emergency setting	- Cardiogenic shock - Marked sinus bradycardia - 2 nd or 3 rd AV block in absence of pacemaker	None in Emergency setting	None in Emergency setting	- Known allergy - Active or recent GI bleed within last 7 days	Known allergy	- Hypotension (BP<90) - MD order if use of erectile dysfunction drugs within past 24 hours. - Caution w//inferior MI	
IVP / IO - Adult 1 mg q 3-5 min - Pediatric: 0.1 ml/kg q 3-5 min	IVP / IO - Adult: - Pulseless VF/VT: 300mg, may repeat 150mg in 3-5min - Wide complex tachy: 150mg over 10min. Repeat once as needed if VT recurs - Pediatric: VF/VT/ Wide complex Tachycardia: 5mg/kg, MAX 300mg. No repeat dose	IVP / IO - Adult: - Bradycardia: 0.5 mg q 3-5 min, max 3 mg - Poisoning: 1 mg q 2-3 min until drying secretions. HR >120 consult with MD. - Pediatric: - Bradycardia: 0.02 mg/kg, not exceed 0.5 mg. PRN 3-5 min to max 1 mg for child and 2 mg for adolescent. - Poisoning: 0.02 mg/kg, not exceed 0.5 mg. PRN 2-3min - RSI: 0.02 mg/kg, minimum 0.1 mg 3 min before RSI.	SLOW IVP / IO - RSI: 1.5 mg/kg for adults & peds Should be given 3 min before induction. - EZ IO Infusion: - Adult: 20-40 mg slowly prior to fast 10cc saline flush - Peds: 0.5 mg/kg slowly prior to fast 10cc saline flush	Oral Adult: 324mg =4 X 81mg chewable "baby aspirin" tablets. If pt has taken 324mg within the last 2 hours, aspirin therapy may be waived	SLOW IVP /IO/IM/IN - Adults: 50-100 mcg - start w/25-50 mcg in elderly/debilitated - admin in 50 mcg increments, minimum q 5 min to max 300 mcg - Peds: 1mcg/kg, may repeat q 5 min to max 3 doses. - Intra-nasal: 2mcg/kg max 100mcg. Repeat only by MD order	SL Adults: 0.4 mg tablet q 5 min max 3 doses as long as BP>90 + pain continues > 3 doses contact MD - Esophageal Food Impaction 0.4mg tablet, may repeat by MD order	
Epinephrine 1:1,000 Bronchodilator	Albuterol Proventil / Ventolin Bronchodilator	Atrovent Ipratropium Bronchodilator	Benadryl Diphenhydramine Antihistamine	Zofran Ondansetron / 5-HT3 receptor agonist/antiemetic	Narcan Naloxone / Antidote	D50 50% Dextrose	Oral Glucose Glucose
- Anaphylaxis - Allergic reaction - Croup	- Bronchospasm and Wheezing: - asthma - bronchitis - emphysema - Suspected HYPERkalemia	Bronchospasm associated with asthma and COPD	- Anaphylaxis after Epi. - Allergic reaction - To counteract acute dystonic reaction to antipsychotic or phenothiazine drugs	Prevention and control of nausea and vomiting	- Reverse respiratory depression induced by opioids - Reverse narcotic overdose - Unknown unconsciousness	- Unknown, unconscious patient - Symptomatic hypoglycemia with CBG < 60	Suspected hypoglycemia in patients who can swallow
None in Emergency setting	- Hypersensitivity to Albuterol, Atrovent or Atropine - CONTACT MD IF HR > 160 !!! - Use w/caution in pt w/suspected MI		None in Emergency setting	- Know allergy - Patient is < 1 month old	None in Emergency setting	None in Emergency setting	Diminished LOC resulting in the patient's inability to protect their airway
IM/SQ - Adult: 0.3 mg q 10-15 min - Pediatric: 0.01mg/kg max 0.3 mg Croup by MD order Child < 6 yo: Nebulize 0.5 ml/kg to max 5 ml (mg)	Nebulized inhaler with 6L O₂ - Adult & Child > 5 years old: 0.5 mg Atrovent combined with 2.5 mg Albuterol - Child < 5 years old: 0.25 mg Atrovent combined with 2.5 mg Albuterol		PO/ SLOW IVP/IO/ IM - Adults: 50 mg - Pediatric: 1 mg/kg. Max 50 mg Notes: - Give after Epi 1:1,000 if severe allergic reaction - May cause hypotension if given IV.	PO /IM/ SLOW IVP/ IO - Adults: 4 mg (max 8 mg) - Pediatric: - PO/4-11 yo: 4 mg - IM / IV: 0.1 mg/kg up to 4 mg Notes: - Slow IVP admin over at least 30 seconds, preferably 2 minutes - May repeat once prn in 5 min for adults + peds	IV/ IO / IM / IN / SQ - Adults: - Known Opiate OD: 1mg - Unconscious/Unknow: 0.5 mg If not response, may repeat in 5 min intervals up to 2mg max - Peds: 0.1mg/kg every 2 min PRN. Max 2.0 mg.	SLOW IVP / IO - Adult: - Unconscious/unknown: 25 grams (50ml of D50%) - Hypothermia w/ hypoglycemia: Mix 50 g in 1000cc NS, admin 500 cc then reassess CBG - Pediatrics: see protocol chart	Oral If pt is awake and able to protect their airway squeeze entire content of tube (15g) into mouth, and have the pt swallow. May repeat dose if no effect within 15 min.