	M01 - ADENOSINE (ADENOCARD)	
	Version date: 2025-03-26	Effective date: 2025-04-30 (07:00)



INDICATIONS
<ul style="list-style-type: none"> Known or suspected paroxysmal supraventricular tachycardia (PSVT) with stable hemodynamics

WARNINGS
ABSOLUTE CONTRAINDICATIONS: <ul style="list-style-type: none"> Hypersensitivity to adenosine Atrial fibrillation or atrial flutter with underlying Wolff-Parkinson-White syndrome Unstable tachycardia Suspected ventricular tachycardia or undifferentiated wide-complex tachycardia (WCT)
USE WITH CAUTION: <ul style="list-style-type: none"> Sinoatrial node dysfunction First degree AV block Bundle branch block Asthma Chronic obstructive pulmonary disease Heart transplant ⁴

ADMINISTRATION	
INTRAVENOUS (INTRAOSSEOUS)	ICP / ACP
ADULTS: <ul style="list-style-type: none">Administer 6 mg by rapid push over 1 to 2 seconds, immediately followed by a saline flush ³Repeat 12 mg if the first dose is not effective within 2 minutesConsider 12 to 18 mg if second dose not effective within 2 minutes INFANTS / CHILDREN / ADOLESCENTS: <ul style="list-style-type: none">Administer 0.1 mg/kg (maximum per dose = 6 mg) by rapid push over 1 to 2 seconds, immediately followed by a saline flush ³Repeat 0.2 mg/kg (max dose = 12 mg) if the first dose is not effective within 2 minutesConsider 0.3 mg/kg (max dose = 12 mg) if the first dose is not effective within 2 minutes	

NOTES	
<ol style="list-style-type: none"> 1. Irregular or polymorphic QRS complexes suggest a ventricular source and are not consistent with PSVT. 2. Adenosine has a very short plasma half-life. Evidence of successful central drug delivery includes heart block or asystole. Patients should be forewarned that they may experience dyspnea, lightheadedness, or a sense of impending doom. 3. If the dysrhythmia terminates but then recurs a second time, providers may consider repeated dosing starting with the last effective dose. If it recurs a third time, an alternative AVN blocking medication may be required. 4. Adenosine may cause prolonged asystole in the patient with a heart transplant, the dosing is uncertain, and some experts recommend against its use. <u>Paramedics must contact the Virtual Emergency Care & Transport Resource Service (VECTRS) and request on line medical support (OLMS) before treatment.</u> 	

LINKS	
<ul style="list-style-type: none"> • C06 - Tachycardia 	

APPROVED BY	
	
Provincial Medical Director	Associate Provincial Medical Director

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none"> • Addition of advanced work scope • Addition of third dose • Addition of warning re cardiac transplant • Revised contraindications / cautions and notes