

	M01 - ADENOSINE (ADENOCARD)	
	MEDICATION STANDING ORDER	
Version date: 2023-07-24		Effective date: 2023-09-19 (0700 hours)

INDICATIONS
<ul style="list-style-type: none"> Known or suspected paroxysmal supraventricular tachycardia (PSVT) with stable hemodynamics PSVT with known aberrant conduction and stable hemodynamics ³

CONTRAINDICATIONS
<ul style="list-style-type: none"> Tachycardia (regardless of QRS duration) with unstable hemodynamics Known or suspected ventricular tachycardia Undifferentiated wide-complex tachycardia (WCT)

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRAVENOUS / INTRAOSSEOUS (ICP & ABOVE)	<u>10 years & older:</u> First dose - 6 mg first dose Second dose - 12 mg	As required ⁴
	<u>12 months to 10 years:</u> First dose - 0.1 mg/kg (max = 6 mg) Second dose - 0.2 mg/kg (max = 12 mg)	

NOTES
<ol style="list-style-type: none"> Administer by rapid IV / IO push, followed by saline flush. There should be evidence of successful central drug delivery such as bradycardia or asystole on the ECG monitor, and the patient may complain of subjective sensations (dyspnea, lightheadedness, nausea, sense of impending doom) that accompany the drug. Patients should be forewarned about these. Administer adenosine for paroxysmal supraventricular tachycardia (PSVT) with known aberrant conduction (QRS complexes greater than 120 milliseconds) and stable hemodynamics only if the QRS complexes are regular and monomorphic. If the tachycardia initially converts but then recurs, providers may consider repeated dosing, but further recurrence remains possible. Consider the transport duration and the patient's ability to tolerate the tachycardia during transport.

APPROVED BY	
	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none"> Revised administration table presents information for scope / route / dose more clearly