

	M05.2 - EPINEPHRINE FOR CARDIAC ARREST (0.1 mg/ml)	
	MEDICATION STANDING ORDER	HIGH-ALERT MEDICATION ¹
Version date: 2023-12-14		Effective date: 2024-01-16 (0700)

INDICATIONS
<ul style="list-style-type: none"> Cardiac arrest due to ventricular fibrillation (VF), pulseless ventricular tachycardia (pVT), asystole, or pulseless electrical activity (PEA) ³

CONTRAINDICATIONS
<ul style="list-style-type: none"> None

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRAVENOUS / INTRAOSSEOUS (ICP & ABOVE)	10 years & older - 1 mg	Every 3 to 5 minutes as required
	72 hours up to 10 years - 0.01 mg/kg (max 1 mg)	

WEIGHT (kg)	DOSE (mg)	VOLUME (ml)	WEIGHT (kg)	DOSE (mg)	VOLUME (ml)
5 to 10	0.1	1	56 to 60	0.6	6
11 to 15	0.15	1.5	61 to 65	0.65	6.5
16 to 20	0.2	2	66 to 70	0.7	7
21 to 25	0.25	2.5	71 to 75	0.75	7.5
26 to 30	0.3	3	76 to 80	0.8	8
31 to 35	0.35	3.5	81 to 85	0.85	8.5
36 to 40	0.4	4	86 to 90	0.9	9
41 to 45	0.45	4.5	91 to 95	0.95	9.5
46 to 50	0.5	5	96 to 100	1	10
51 to 55	0.55	5.5	> 100	1	10

NOTES

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| <ol style="list-style-type: none"> 1. ERS HIGH-ALERT MEDICATION: Refer to Shared Health Provincial Clinical Standard - Safety Controls for High-Alert Medications (refer to A03 - HIGH ALERT MEDICATIONS). 2. Administer by rapid push, follow each dose with a saline flush in adults and adolescents, and elevate the arm for 10 to 20 seconds if possible. 3. Do not mix with sodium bicarbonate. 4. Administer as early as possible in cardiac arrest with a non-shockable rhythm (asystole or PEA). |
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APPROVED BY

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

VERSION CHANGES (refer to X08 for change tracking)
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| <ul style="list-style-type: none"> • Addition of Shared Health Provincial Clinical Standard for high-alert medications |
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