

ADULT CODE BLUE and RSI DRUGS			
DRUG & CONC.	DOSE	FREQUENCY	COMMENTS
<b>Adenosine</b> 3 mg/ml vial	6 mg IVP	x 1 dose; If no response after 1-2 min, may repeat 12 mg IV x1 dose.	Give VERY RAPID IVP over 1-3 sec. followed by 20 ml saline flush
<b>Amiodarone</b> 50 mg/ml vial	Pulseless VT or VF: 300 mg IVP. After IVP, Flush with 20 ml of D5W or NS. Stable VT: 150 mg IV over 10 min	May repeat with 150 mg IVP if needed. Flush with 20 ml of D5W/NS. <b>Continuous infusion:</b> Bolus 150 mg over 10 min, then start drip. 1 mg/min for first 6 hrs, then decrease to 0.5 mg/min X 18 hrs.	<b>Standard drip = Load:</b> 150 mg/100 ml D5W <b>Infusion:</b> 450 mg/250 ml D5W (Braun bag) <b>MAX CUMULATIVE DOSE =</b> 2.2 gm in 24 hrs
<b>Atropine</b> 0.1 mg/ml (1 mg syringe)	Symptomatic bradycardia: 0.5 mg IVP	May repeat dose every 3-5 min.	<b>MAX CUMULATIVE DOSE =</b> 3 mg
<b>Calcium Chloride</b> 100 mg/ml vial	1-2 g IVP	May repeat every 10 min PRN.	<b>DO NOT MIX WITH SODIUM BICARB.</b> Contraindicated in Vfib
<b>Diltiazem</b> 5 mg/ml vial	Afib/SVT: 0.25 mg/kg IV over 2 min	May repeat in 15 min at 0.35 mg/kg IV. <b>Continuous infusion:</b> 5-15 mg/hr.	<b>Standard drip =</b> Add 125 mg to 100 ml D5W Total volume = 125 ml (Final Conc. = 1 mg/ml)
<b>Dobutamine</b> 12.5 mg/ml vial	Initial: 2-5 mcg/kg/min	<b>Continuous infusion:</b> Titrate to effect up to 20 mcg/kg/min.	<b>Standard drip =</b> 500 mg/250 ml D5W (pre-mix)
<b>Dopamine</b> 40 mg/ml vial	5-20 mcg/kg/min	<b>Continuous infusion:</b> 5-10 mcg/kg/min to increase cardiac output; 10-20 mcg/kg/min for peripheral vasoconstriction.	<b>Standard drip =</b> 800 mg/250 ml D5W (pre-mix) <b>MAX RATE =</b> 50 mcg/kg/min

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<b>Epinephrine</b> 0.1 mg/ml (1 mg/10 ml syringe) <b>AND</b> 1 mg/ml (1:1000) vial	Pulseless VT/VF, PEA: 1 mg IVP 0.1-1 mcg/kg/min	Every 3-5 min PRN <b>Continuous infusion:</b> Titrate to response.	Actions depressed in acidosis <b>Standard drip =</b> 4 mg/250 ml NS
<b>Etomidate</b> 2 mg/ml vial	0.3 mg/kg IVP	x1 dose pre-intubation	
<b>Isoproterenol</b> 0.2 mg/ml amp	2-10 mcg/min	<b>Continuous infusion</b> Titrate to response.	<b>Standard drip =</b> 1 mg/500 ml D5W
<b>Ketamine</b> 50 mg/mL vial	1-2 mg/kg IVP	x1 dose pre-intubation	Sedative
<b>Lidocaine</b> 20 mg/ml (100 mg syringe)	Pulseless VT or VF: 1-1.5 mg/kg IV Stable VT: 0.5-0.75 mg/kg IV	May repeat 0.5-0.75 mg/kg every 5-10 min (Max dose 3 mg/kg) <b>Continuous infusion:</b> 1-4 mg/min	<b>Standard drip =</b> 2 g/250 ml D5W (pre-mix)
<b>Magnesium Sulfate</b> 500 mg/ml vial	1-2 g in 10 ml D5W slow IVP over 5 min	May follow with <b>Continuous infusion:</b> 0.5-1 g/hr	Available as 1g or 2g pre-mix IVPB
<b>Milrinone</b> 1 mg/mL vial	Loading dose*: 50 mcg/kg over 10 min	<b>Continuous infusion:</b> 0.375-0.75 mcg/kg/min Titrate to effect.	<b>Standard drip:</b> 20 mg in 100 mL (pre-mix) Inotrope & vasodilator *Avoid loading dose in patients with hypotension

**NOTE:** Intraosseous (IO) doses are the same as IV doses. All drugs that can be administered IV may be administered IO. IO route is preferred over ET tube administration.

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<b>Naloxone</b> 1 mg/mL (2 mg syringe) <b>AND</b> 0.4 mg/ml	Reversal of opioid overdose: 2 mg IVP Respiratory depression in chronic opioid use: 40-80 mcg IVP	Repeat every 2-3 minutes. Repeat every 30-60 seconds; if no response after 1 mg consider other causes.	<b>MAX total dose =</b> 10 mg Dilute 0.4 mg with 9 ml NS in 10 ml syringe to give 40 mcg/ml conc
<b>Nitroglycerin</b> 400 mcg/ml bottle	0.25-3 mcg/kg/min or 10-20 mcg/min	<b>Continuous infusion:</b> Can increase every 5-10 minutes as needed.	<b>Standard drip =</b> 100 mg/250 ml D5W (pre-mix in glass bottle) <b>MAX RATE =</b> 200 mcg/min
<b>Norepinephrine</b> 1 mg/ml vial	Usual dose 0.1-2 mcg/kg/min	<b>Continuous infusion:</b> Titrate to response every 2-3 min.	<b>Standard drip =</b> 4 mg/250 ml NS (16 mcg/ml)
<b>Phenylephrine</b> 10 mg/ml vial	Initial: 0.5-3 mcg/kg/min or 50-200 mcg/min	<b>Continuous infusion:</b> Usual maintenance dose is 0.15-1 mcg/kg/min or 40-60 mcg/min. Titrate to response every 10 minutes.	<b>Standard drip =</b> 10 mg/250 ml NS (40 mcg/ml) <b>MAX RATE =</b> 3 mcg/kg/min or 200 mcg/min
<b>Phenytoin</b> 50 mg/ml vial	Loading Dose 20 mg/kg IV	May give 1 gm in 100 mL NS over 20-60 min Usual Maintenance Dose: 100 mg IV Q8H	Use 0.22 micron in-line filter for IVPB administration. <b>MAX RATE =</b> 50 mg/min
<b>Procainamide</b> 100 mg/ml vial	20 mg/min	<b>Continuous infusion:</b> Continue 20 mg/min until arrhythmia suppressed, hypotension, QRS widens by 50%, <b>OR</b> total of 17 mg/kg given, then decrease to 1-4 mg/min.	<b>Standard drip =</b> 1 g/250 ml D5W <b>MAX RATE =</b> 20 mg/min.

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<b>Propofol</b> 10 mg/ml vial	1-2.5 mg/kg IVP	x 1 dose pre-intubation <b>Continuous infusion:</b> 5-50 mcg/kg/min	<b>Standard drip =</b> 1000 mg in 100 ml (pre-mix in glass bottle)
<b>Rocuronium</b> 10 mg/ml vial	0.6-1.2 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker
<b>Sodium Bicarbonate</b> 1 mEq/ml (50 mEq syringe)	1 mEq/kg IVP	May repeat ≤ 0.5 mEq/kg IVP every 10 min. during continued cardiac arrest	INCOMPATIBLE with many other medications.
<b>Succinylcholine</b> 20 mg/ml vial	1-1.5 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker
<b>Vasopressin</b> 20 units/ml vial	40 units IVP	x1 dose (to replace 1st or 2nd Epi dose) <b>Continuous infusion:</b> 0.04 units/min	May repeat Epi if no response after 10-20 min <b>Standard drip =</b> 100 units/100 ml NS or D5W
<b>Vecuronium</b> 10 mg vial	0.1 mg/kg IVP	x1 dose	Neuromuscular blocker Recon. with 10 ml NS (concentration = 1 mg/ml)
<b>Verapamil</b> 2.5 mg/ml vial	2.5-5 mg IV over 2-3 min	May repeat 5-10 mg every 15-30 min	CAUTION WITH BETA BLOCKER USE <b>MAX total dose =</b> 20 mg

**NOTE:** Please use clinical judgment when making treatment decisions. While every attempt has been made to ensure the accuracy of the information provided on this card, the user of this card assumes all responsibility for its use.

## Y- Site Injectable Drug Compatibility Table

	Amiodarone	Atropine	Calcium Chloride	Diltiazem	Dobutamine	Dopamine	Epinephrine	Heparin	Insulin	Isoproterenol	Labetalol	Lidocaine	Magnesium	Nitroglycerin	Nitroprusside	Norepinephrine	Phenylephrine	Procainamide	Propofol	Sodium Bicarb	Vasopressin
Amiodarone	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Atropine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Calcium Chloride	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Diltiazem	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Dobutamine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Dopamine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Epinephrine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Heparin	I	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Insulin	C	C	C	C	C	C	C	C	C	I	I	C	C	C	C	C	C	C	C	C	C
Isoproterenol	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	I	C
Labetalol	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	C
Lidocaine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Magnesium	C	I	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Nitroglycerin	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Nitroprusside	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Norepinephrine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Phenylephrine	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	C
Procainamide	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Propofol	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Sodium Bicarb	I	C	I	C	I	C	C	I	C	C	C	C	C	C	C	I	C	C	C	C	C
Vasopressin	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C

C = Compatible    I = Incompatible    □ = No Info / Variable

### Drip Rate Calculation

$$\text{ml/hr} = \frac{\text{weight (kg)} \times \text{dose (mcg/kg/min)} \times 60 \text{ min}}{\text{concentration (mcg/ml)} \times \text{hr}}$$

\*\*\* Caution: Use patient's weight only if drug is dosed as mcg/kg/min \*\*\*

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DRUG & CONC.	DOSE	FREQUENCY	COMMENTS
<b>Adenosine</b> 3 mg/mL vial	0.1 mg/kg IV/IO (max 6 mg)	x 1 dose; If no response after 1-2 min, may repeat 0.2 mg/kg (max 12 mg)	Give VERY RAPID IV bolus over 1-3 sec. followed by saline flush.
<b>Amiodarone</b> 50 mg/mL vial	5 mg/kg IV/IO	May repeat dose x 2 up to max total 15 mg/kg	Monitor ECG and blood pressure. <b>MAX single dose:</b> 300 mg
<b>Atropine*</b> 0.1 mg/mL syringe	0.02 mg/kg IV/IO (0.2 mL/kg)	repeat x 1 if needed	<b>MIN dose:</b> 0.1 mg <b>MAX single dose:</b> child 0.5 mg adolescent 1 mg <b>MAX total dose:</b> child 1 mg adolescent 3 mg
<b>Calcium CHLORIDE (10%)</b> 100 mg/mL vial	20 mg/kg IV/IO (0.2 mL/kg)		<b>DO NOT MIX WITH SODIUM BICARB.</b> Central line preferred. <b>MAX single dose:</b> 2000 mg
<b>Calcium GLUCONATE (10%)</b> 100 mg/mL vial	60 mg/kg IV/IO 0.6 mL/kg		<b>DO NOT MIX WITH SODIUM BICARB.</b> <b>MAX single dose:</b> 2000 mg
<b>Dextrose 50%</b> 50 mL prefilled syringe	0.5-1 g/kg IV/IO D25W* (preferred): 2-4 mL/kg D10W: 5-10 mL/kg Neonates: D10W: 2 mL/kg	May repeat as needed	*Prepare D25W by mixing 50% dextrose 1:1 with sterile water for injection. Use only D10W in neonates.
<b>Dobutamine</b> 12.5 mg/mL vial	2-20 mcg/kg/min	<b>Continuous infusion:</b> Titrate to effect up to 20 mcg/kg/min	<b>Standard PEDI drip =</b> ≤ 5kg: 50 mg/50 mL D <sub>5</sub> W (syringe) > 5kg: 500 mg/250 mL D <sub>5</sub> W (premixed)

**NOTE:** Please use clinical judgment when making treatment decisions. Doses provided are guidelines only. Actual dosing may vary depending on patient's clinical status. While every attempt has been made to ensure the accuracy of the information provided on this card, the user of this card assumes all responsibility for its use.

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<b>Dopamine</b> 40 mg/mL vial	5-20 mcg/kg/min		<b>Continuous infusion:</b> 5-10 mcg/kg/min to increase cardiac output; 10-20 mcg/kg/min for peripheral vasoconstriction <b>Standard PEDI drip =</b> ≤ 5kg: 50 mg/50 mL D <sub>5</sub> W (syringe) > 5kg: 800 mg/250 mL D <sub>5</sub> W (premixed)
<b>Epinephrine*</b> 0.1 mg/mL syringe (1:10000) <b>AND</b> 1 mg/mL vial (1:1000)	0.01 mg/kg IV/IO (0.1 mL/kg 1:10000)  0.1-1 mcg/kg/min	Every 3-5 min PRN  <b>Continuous infusion:</b> Titrate to response.	<b>MAX single dose:</b> 1 mg IV/IO  <b>Standard PEDI drip =</b> ≤ 5kg: 1 mg/50 mL D <sub>5</sub> W (conc = 20 mcg/mL) > 5kg: 2 mg/50 mL NS (conc = 40 mcg/mL) (syringe)
<b>Etomidate</b> 2 mg/mL vial	0.3 mg/kg IVP	x1 dose pre-intubation	Sedative
<b>Ketamine</b> 50 mg/mL vial	1-2 mg/kg IVP	x1 dose pre-intubation	Sedative
<b>Lidocaine*</b> 20 mg/mL syringe	1 mg/kg IV/IO	<b>Continuous infusion:</b> 20-50 mcg/kg/min	<b>Standard drip =</b> 2 g/250 mL D <sub>5</sub> W (Pre-mix) <b>MAX single dose:</b> 100 mg IV/IO
<b>Magnesium Sulfate</b> 500 mg/mL vial	25-50 mg/kg IV/IO over 10-20 min (faster in torsades)		Available as 1g or 2g pre-mix IVPB. <b>MAX single dose:</b> 2 g
<b>Midazolam</b> 1 mg/mL vial	0.1-0.3 mg/kg IVP	x1 dose pre-intubation	Sedative. May cause hypotension. <b>MAX single dose:</b> 10 mg
<b>Milrinone</b> 1 mg/mL vial	50 mcg/kg bolus over 10 min	<b>Continuous infusion:</b> 0.25-0.75 mcg/kg/min	<b>Standard PEDI drip =</b> ≤ 5kg: 5 mg/50 mL D <sub>5</sub> W (conc = 100 mcg/mL) > 5kg: 10 mg/50 mL NS (conc = 200 mcg/mL) (syringe)

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<b>Naloxone*</b> 0.4 mg/mL AND 1 mg/mL (2mg syringe)	< 5 yr or ≤ 20 kg: 0.1 mg/kg IV > 5 yr or > 20 kg: 2 mg IV	Repeat every 2-3 minutes as needed	Do not give to newborns of narcotic dependent mothers, may precipitate seizures
<b>Norepinephrine</b> 1 mg/mL vial	0.1-2 mcg/kg/min	<b>Continuous infusion:</b> Titrate to response.	<b>Standard PEDI drip =</b> ≤ 5kg: 2 mg/50 mL NS (conc = 40 mcg/mL) > 5kg: 4 mg/50 mL NS (conc = 80 mcg/mL) (syringe)
<b>Procainamide</b> 100 mg/mL vial	15 mg/kg IV/IO over 30-60 min		Monitor for hypotension prolongation of QT interval, heart block
<b>Propofol</b> 10 mg/mL vial	1-2 mg/kg IVP	x1 dose pre-intubation	Sedative. May cause hypotension.
<b>Rocuronium</b> 10 mg/mL vial	0.6-1.2 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker Refrigerate
<b>Sodium Bicarbonate</b> 1 mEq/mL syringe	1 mEq/kg slow IVP/IO		After adequate ventilation. INCOMPATIBLE with many other medications.
<b>Sodium Nitroprusside</b> 25 mg/mL vial	0.3-1 mcg/kg/min	<b>Continuous infusion:</b> Titrate to response up to 8 mcg/kg/min	<b>Prepare only in D<sub>5</sub>W</b>
<b>Succinylcholine</b> 20 mg/mL vial	<b>Children:</b> 1-1.5 mg/kg IVP <b>Infants:</b> 2 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker Refrigerate
<b>Vecuronium</b> 10 mg vial	0.1-0.3 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker Recon. with 10 mL NS (Conc = 1 mg/mL)

\* Atropine, lidocaine, naloxone, and vasopressin may be given via endotracheal tube (ETT) at 2-3 times the IV/IO dose and epinephrine at 10 times the IV/IO dose. Following administration, flush with 5 mL NS and provide 5 ventilations.

\*\*\* **NOTE: For head injuries, prepare drips in Normal Saline.** \*\*\*