

NIGHTMARES COURSE - DRUGS AND DOSES SUMMARY

	SVR	HR	Contractility	Types of shock	Dose
Dopamine	Low dose: +	++	+++	Any	5-10 mcg/kg/min (low) I
	High Dose: ++	+++	+++		10-20 mcg/kg/min (high)
Phenylephrine	++++	0/-	0	Any except cardiogenic	100-300 mcg/min
Nor epinephrine	+++	+	+	Any	2-15 mcg/min

SHOCK

	Mechanism	Dose	Effective in
Cardioversion	electricity	200J	Any
Amiodarone	multiple	150mg over 10- 20min	Most tachys Avoid if wide and irregular Avoid if A fib/flutter >48h
Adenosine	Intense AVN blocker	6 or 12mg rapid push	Avoid in wide and irregular QRS Diagnostic aid in rapid Afib/flutter Curative with SVT
Diltiazem	AVN blocker (Ca channels)	20-35mg IV 10-15mg/hr infusion	Avoid in wide QRS Effective any narrow QRS
Procainamide	Na channel blocker	1g over 1 hr	Any Avoid if Afib/flutter >48h, acute CHF Vasodilator-may need 250cc bolus
Metoprolol	AVN blocker (Beta 1)	2.5-5 mg IV q10- 15 min X3	Avoid in wide QRS Effective any narrow QRS

TACHYCARDIA

	Receptor	Dose	BRADY CARDIA
Atropine	Ach blocker	0.5mg at a time	
Dopamine	Beta 1 stimulant	2-10 mcg/kg/min	
Fentanyl	Pain killer for pacing	1 mcg/kg (50-75mcg usually)	

	Dose	Side effects and duration	HYPER K
Ca gluconate	1gr IV over 10 min, up to 3 doses	30-60min Hypercalcemia	
Ventolin	10mg nebulized	2 hrs Tachycardia	
Insulin R	0.1u/kg IV Bolus+ per hour drip	2-4 hrs Hypoglycemia	

Disclaimer: Use of this table does not absolve physician from ensuring that doses are correct.

	Mechanism	Dose	Use
Narcan	opoid antagonist	0.2-0.4mg per dose, no max	opoid overdose affecting LOC or respiration
Diazepam	sedative	5-10mg IV/IM q5-10min	agitation, seizures
Lorazepam (Ativan)	sedative	2-4mg IV/IM q5-10min	agitation, seizures
Dextrose	Sugar	1g/kg 25g per D50W amp	hypoglycemia
Dilantin	antiepileptic	1g IV over 20min	Seizures
Propofol	sedative	20-40mg IV bolus for sedation 100mg for induction 20-80 mcg/kg/min drip	agitation, seizures generally will need airway control
Mannitol	osmotic diuretic	1-2g/kg	intracranial bleed with increased ICP
Labetalol	beta blocker	1-2mg/min start then titrate to BP	SBP>160 or dBP>90 in SAH
Octreotide	somatostatin analogue	50mcg bolus and 50mcg/hour infusion	antidote for sulfonylurea poisoning
Midazolam	sedative	1-3 mg IV q30 min	Agitation, sedation

ALTERED LEVEL OF CONSCIOUSNESS

Drug	Dose
ASA	160mg po
Clopidogrel	600 mg load then 75 mg po od
Enoxaparin	1mg/gs sc q12h
IV Heparin	5000u bolus then per nomogram
Metoprolol	25-50mg po

MI

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	Dose	Conditions	SHORTNESS OF BREATH
BiPAP/CPAP	10-20mm inspiratory (8 in asthma) 5-10mm expiratory (3 in asthma)	COPD CHF pneumonia asthma	
Puffers	5mg Ventolin 500mcg Atrovent	COPD asthma	
Epinephrine	3mg 1:1000 nebulized 0.3mg 1:1000 IM	Asthma anaphylaxis	
Benadryl	1mg/kg or 50mg IV/IM/PO	Anaphylaxis	
Lasix	60-80mg IV	CHF	
Nitroglycerin	2-20+ mcg/min	CHF	
Magnesium	2g IV over 20 min	asthma	
Ranitidine	1mg/kg or 50 mg IM/IV, 150mg PO	Anaphylaxis	

	Dose	Conditions	GI BLEED
Octreotide	50mcg bolus then 50mcg/hr	Variceal bleeding	
Pantoprazole (Pantoloc)	80mg bolus then 8mg/min infusion	PUD bleeding	

	Dose	Side effects and duration	INTUBATION
Ketamine	1-2mg/kg (usual dose 100mg)	2-4 min peak, 40 min duration	
Propofol	1-2mg/kg (usual dose 100mg)	20-40mg IV bolus for sedation 100mg for induction 20-80 mcg/kg/min drip	
Rocuronium	1 mg/kg	40 mins duration.	

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	Dose		Conditions
	Adult	Peds	
Epinephrine (most important)	0.3mg IM	0.01mg/kg IM	q5-15min
Diphenhydramine (Benadryl)	50mg IV (max 400mg in 24h)	1mg/kg IV (max 200mg in 24h)	
Ranitidine (Zantac)	50mg IV	1 mg/kg IV	
Methylprednisone (Solu-Medrol)	1-2mg/kg/day		Prevent rebound. Dose 3 days.
Ventolin	Prn	prn	Bronchospasm not responsive to epinephrine

ANAPHYLAXIS

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