Professional EMS Education Medication Profiles

| | Epinephrine |
|-------------------|---|
| Classification | -Sympathomimetic |
| Actions | -Stimulates both alpha and beta receptor sites |
| | -Most potent activator of alpha receptors |
| | -Beta 1 stimulation – positive chronptrope (Increased rate) |
| | positive inotrope (increased contractility) |
| | positive dromotrope (increased conduction |
| | increased automaticity |
| | increased cardiac output |
| | increased myocardial work demand |
| | increased myocardial oxygen demand -Beta 2 stimulation - bronchial dilation |
| | Inhibition of mucous production |
| | -Alpha 1 stimulation - peripheral vasoconstriction |
| | Inhibition of histamine |
| Indications | -VF; Pulseless VT; Asystole; PEA; Bradycardia; |
| | -Anaphylaxis; Profound bronchospasm; Croup; |
| Contraindications | -None in emergency situations; cardiovascular disease; hypertension; tachycardia's; hypovolemic and cardiogenic shock |
| Side effects | -Restlessness; HA; CVA; palpitations; hypertension; Tachyarrhythmias; ; N / V; |
| Precautions | -Tachycardia; hypertension; angina; ischemia |
| Adult Dose | -Cardiac Arrest – 1 mg of 1:10,000; repeat every 3 – 5 minutes; |
| | -Bradycardia – 2 to 10 mcg / min titrated to effect; (continuos infusion – mix 1mg of 1:1000 in a 250 ml bag) |
| | -Anaphylaxis / severe bronchospasm – 0.3 to 0.5 mg of 1: 1,000; |
| Pediatric Dose | -Cardiac Arrest – 0.01 mg / kg of 1:10,000; repeat every 3 – 5 minutes; |
| | -Bradycardia – 0.1 to 1 mcg / min titrated to effect; (continuous infusion) |
| | -Anaphylaxis / severe bronchospasm – 0.01 mg / kg of 1: 1,000; |
| Route | IV; IO; IM; SQ; ET |
| How supplied | -1mg in 10 ml (0.1 mg / kg) – prefilled syringes |
| | -30 mg in 30 ml multi dose vial; 1 mg / ml single dose vial; |
| Onset / Duration | -IV - less than 1 min; 5-10 minutes IV |
| Half Life | -Rapid |
| Interaction | -May be deactivated – NaHCO3 |
| | -Additive toxicities – sympathomimetics |
| | -Alpha – Beta blockers – antagonize effect |