

Adult Quick IV Push ED Reference Table

| Drug Name | Dose &/or Ranges | Administration | Compatibility | Precautions |
|---|---|--|---|---|
| Adenosine (adenocard) | First dose 6mg, repeat within 1-2 minutes at 12mg | Rapidly IVP over 1-2 seconds at proximal site | Stable in D5LR, D5W, LR, NS | Follow each bolus dose with rapid 20 ml NS flush Reduce initial dose to 3mg if pt. is receiving carbamazepine, dipyridamole, heart transplant or if administered via central line |
| Amiodarone [SVT with pulses] | 150mg | Rapid infusion over 10 minutes 15mg/minute, may repeat q10 minutes as needed | Stable in D5W, NS Incompatible with heparin | Maximum cumulative dose 2.2g over 24 hours |
| Ativan (lorazepam) | 0.1mg/kg Max dose 4mg | Dilute 1:1 with NS Max rate 2mg/minute | Stable in D5W, LR, NS | Monitor IV site avoid extravasation |
| Atropine [symptomatic bradycardia] | 0.5mg q3-5 minutes Max 3mg | Undiluted IVP over 30-60 seconds | Stable in NS | Avoid use in hypothermic bradycardia |
| Benadryl (diphenhydramine) | 12.5mg-25mg | Undiluted at rate <25mg/min | Stable in NS, D5LR, LR, D5¼NS, D5 ½NS, D5NS, D5W, D10W, ½NS, NS | |
| Compazine [as edisylate] (prochlorperazine) | Antiemetic 2.5-10mg; Max 10mg/dose | Slow IVP not to exceed >5mg/min. | Stable in D5W, D10W, D5LR, D5 ½NS, D5NS, ½NS, NS | Do not administer as a bolus injection. To avoid hypotension pt. should remain supine for 30mins. Geriatric initiate at lower end of dose range. |
| Decadron (dexamethasone) | Anti-inflammatory 0.75-9mg/day Cerebral edema 10mg | Undiluted IVP over one minute | Stable in D5W & NS | |

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| Dextrose 50% | 10-25g (40-100ml of 25% solution) or (20-50ml of 50% solution) Hyperkalemia 25g (50ml D50W) with regular insulin | Administer over 1 minute Infuse over 5-30 minutes | Stable in NS, D5LR, LR, D5¼NS, D5 ½NS, D5NS, D5W, ½NS | Vesicant ensure proper IV placement; avoid extravasation |
| Dilaudid (hydromorphone) | 0.2-1mg/dose | Slow IVP over 2-3mins. | Stable in D5LR, LR, D5W, D5NS, ½NS, NS | |
| Etomidate | 0.3mg/kg (range 0.2-0.6mg/kg) | IVP over 30-60 secs. | Heparin | Highly irritating avoid administering in small vessels. Geriatric reduce dose may be required |
| Famotidine (pepcid) | 10-20mg | Slow IVP over 2 minutes | Stable in D5W, D10W, NS, sodium bicarbonate 5% | |
| Fentanyl | 25mcg-100mcg or 0.35-0.5mcg/kg | IVP slowly over 1-2 minutes | Stable in D5W, & NS | |
| Flumazenil (ramazicon) | Sedation initial dose: 0.2mg max of four doses Total cumulative dose of 1mg <hr/> Benzodiazepine OD Initial 0.2mg repeat dose 0.5mg Total cumulative dose 3 mg | Administer IVP over 15 seconds <hr/> Administer IVP over 30 seconds | Stable in D5W, LR, NS | |
| Haldol [lactate solution] (haloperidol) | 0.5-10mg Geriatric Max 5mg/minute | IVP Max rate of 5mg/minute over 1-2 minutes | Stable in D5W variable stability in D5¼NS, LR, ½NS | Do not administer the deconate IV administration associated with prolonged QT and arrhythmias. |

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| Ketamine | 1-2mg/kg Low dose for analgesia 0.1-0.15mg/kg repeat q15 mins Max 0.3mg/kg or 50mg | Undiluted IVP slow over 1-2 minutes | Stable in D5W, & NS | Ketamine for analgesia must be ordered by Attending Physician |
| Labetalol | Initial 20mg may give additional dose of 40mg or 80mg at 10 minute interval | Undiluted slow IVP over 2 minutes | Stable in D5LR, D5W D5¼NS, D5NS, LR, NS | Max 300mg cumulative dose |
| Lidocaine (xylocaine) | 1-1.5mg/kg may repeat at 0.5-0.75mg/kg | Undiluted IVP repeat in 5-10minutes | Stable in D5LR, D5 ½NS D5W, D5NS, LR, ¼NS, NS | Max 3 doses or total of 3m/kg |
| Morphine | 2.5-5mg for MI 4-8mg | Dilute 1-2mg/ml IVP over 4-5 minute | Stable in D5LR, D5W D5¼NS, D5NS, D10W, LR, NS | Geriatric use caution may require reduced dosage sedative |
| Narcan (naloxone) | Opioid OD Initial 0.4- 2mg | Undiluted IVP over 30 seconds repeat q2-3 minutes | Stable in D5W, NS | Do not mix with alkaline solutions |
| Phenergan (promethazine) | 12.5-25mg | Dilute in 50ml via large bore IV | Stable in D5W, D10W, D5LR, D5¼NS, D5NS LR, NS | Ensure IV placement vesicant avoid extravasation |
| Reglan (metoclopramide) | 10mg | Undiluted IVP over 1-2 minutes | Stable in D5 ½NS D5W, Mannitol 20%, LR, NS | Sedation warning Renal impairment administer 50% of normal dose |
| Rocuronium | 0.6-1.2mg/kg | Undiluted rapid IVP | Stable in D5W, D5NS, LR, NS | Support airway with advance measures |
| Solumedrol (methylprednisolone) | 0.5-1mg/kg | Slow IVP over 3-15 minutes Max concentration 125mg/ml | Stable in D5 ½NS, D5NS, LR, NS | Only succinate salt may be given IV |

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| Succinylcholine (anectine) | 0.6mg/kg (range 0.3-1.5mg/kg) | Undiluted rapid IVP | Stable in D5LR, D5W, D5¼NS, D5½NS, D5NS, D10W, LR, ½NS, NS | Support airway with advance measures Incompatible with alkaline solutions; sodium bicarbonate |
| Toradol (ketorolac) | 30mg as single dose | Undiluted IVP over 15 seconds | Stable in D5W, D5NS, LR, NS | Max of 120mg/day |
| Valium (diazepam) | 5-10mg | Undiluted slow IVP not to exceed 5mg/minute | Do not mix with other solutions. Variable stability with D5W, LR, NS | Vesicant ensure proper IV placement |
| Vecuronium | Initial bolus 0.1-0.15mg/kg Intermittent bolus 0.1mg/kg Post cardiac arrest hypothermia 8-12mg | Undiluted rapid IVP | Stable in D5W, LR, NS | Support airway with advance measures Incompatible with alkaline solutions; sodium bicarbonate |
| Versed (midazolam) | Sedation initial dose 1-2mg repeat after 2 minutes Status epilepticus loading dose 0.2mg/kg | Undiluted IVP over 2 minutes | Stable in D5NS, D5W, NS | Incompatible in LR |
| Zofran (ondansetron) | Initial single dose 4mg | Undiluted IVP over 2-5 minutes | Stable in D5W, D5½NS, D5NS, Mannitol 10%, LR, NS | IV administration associated with prolonged QT |