

Medications

General Use Medications

- The following medications may be utilized in other appropriate routes or dosage regimes upon direct order from the Medical Control Physician.
- Refer to Broselow Tape for approximately sized equipment and medication dosage for Pediatric patients up to approximately 34 kg (75 lbs.).

Interfacility Medications

- Paramedics may maintain IV infusions for the following medications during interfacility transports.

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Drug	Dose
<p><u>Adenosine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • SVT <p>Pearls:</p> <ul style="list-style-type: none"> • Do not give in heart block, bradycardia, or sick sinus syndrome 	<p>Adult:</p> <ul style="list-style-type: none"> • 6 mg IV push over 1-2 seconds. If no effect in 1-2 minutes: • 12 mg IV push over 1-2 seconds. If no effect, may repeat x1 • Flush each dose quickly with 10 cc NS <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV push over 1-2 seconds. If no effect in 1-2 minutes: • 0.2 mg/kg IV push over 1-2 seconds
<p><u>Afrin, Otrivin</u> (Nasal Spray)</p> <p>Indications:</p> <ul style="list-style-type: none"> • Epistaxis protocol • Vasoconstrictor used with nasal intubation and epistaxis <p>Pearls:</p> <ul style="list-style-type: none"> • Relative contraindication is significant hypertension 	<p>Adult:</p> <ul style="list-style-type: none"> • 2 sprays in affected nostril <p>Pediatric:</p> <ul style="list-style-type: none"> • 1-2 sprays in affected nostril
<p><u>Albuterol</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Bronchospasm <p>Pearls:</p> <ul style="list-style-type: none"> • Avoid in patients using MAO inhibitors and cyclics • Use caution if hypertension or tachycardia is present 	<p>Adult:</p> <ul style="list-style-type: none"> • Premixed 2.5 mg/3 ml via nebulizer x3 prn <p>Pediatric:</p> <ul style="list-style-type: none"> • Premixed 2.5 mg/3 ml via nebulizer x3 prn
<p><u>Amiodorone</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Ventricular Fibrillation, Ventricular Tachycardia <p>Pearls:</p> <ul style="list-style-type: none"> • Avoid in patients with heart block and bradycardia 	<p>Adult:</p> <p><u>VF - Pulseless VT</u></p> <ul style="list-style-type: none"> • 300 mg IV push • Repeat 150 mg IV push if recurrent VF or VT • Infusion: 150 mg/50 ml NS at 1 mg/min. = 20 drops/min. using 60 drop set <p><u>VT with Pulse</u></p> <ul style="list-style-type: none"> • 150 mg - IV over 10 minutes • Infusion: 150 mg/50 ml NS at 1 mg/min. = 20 drops/min. using 60 drop set <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A

<p><u>Aspirin</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Chest Pain <p>Pearls:</p> <ul style="list-style-type: none"> • Antiplatelet to lower blood clotting time 	<p>Adult:</p> <ul style="list-style-type: none"> • 81 mg chewable tablets x4 po <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Atropine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Asystole, Bradycardia, High Degree Heart Blocks, Organophosphate/ Nerve Agent exposure. • See WMD protocol. <p>Pearls:</p> <ul style="list-style-type: none"> • Double dose for Endotracheal Tube Administration 	<p>Adult:</p> <ul style="list-style-type: none"> • Bradycardia: 0.5 mg IV q 3-5 min. up to 3 mg max. • Asystole/slow PEA rate: 1.0 mg IV q 3-5 min. up to 3 mg max. • Admin via ETT: 2-3 mg diluted in 10 ml sterile water/saline. • Nerve agent/organophosphate: 2 mg IV/IM q 5 minutes until symptoms resolve. <p>Pediatric:</p> <p><u>Symptomatic Bradycardia, Cardiac Arrest</u></p> <ul style="list-style-type: none"> • 0.02 mg/kg IV, IO • (min. 0.1 mg) per dose • (max. 0.5 mg) per dose • May repeat x1 in 5 min. <p><u>Nerve agent/organophosphate: 0.02 - 0.05 mg/kg IV/IM q 5 minutes until symptoms resolve</u></p>
<p><u>Calcium Chloride</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • PEA protocol • Severe hyperkalemia <p>Pearls:</p> <ul style="list-style-type: none"> • Avoid use if patient is taking digoxin 	<p>Adult:</p> <ul style="list-style-type: none"> • 10 ml or 1 gram I.V. push
<p><u>Crystalloid Solutions</u> (Normal Saline)</p> <p>Indications:</p> <ul style="list-style-type: none"> • Protocol: Fever PEA Heat Emergencies Abdominal Pain ALOC Epistaxis Hypotension Vomiting and Diarrhea Neonatal Pedi. Bradycardia Pedi. Hypotension Pedi. Multiple Trauma Back Pain Burns Electrical Injuries Multiple Trauma • The IV fluid of choice for IV access or volume infusion 	<p>Adult:</p> <ul style="list-style-type: none"> • KVO for IV access • Fluid bolus – 500 cc, may repeat as situation indicates <p>Pediatric:</p> <ul style="list-style-type: none"> • KVO for IV or IO access • Bolus in 20 ml/kg for volume (May be repeated x 3)

<p><u>Dextrose</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Hypoglycemia (CBG < 80), Coma, Seizure, Altered Mental Status <p>Pearls:</p> <ul style="list-style-type: none"> • Tissue necrosis if infiltrated • Mixing 25 ml D50 with 25 ml Sterile Water produces 50 ml D25 	<p>Adult:</p> <ul style="list-style-type: none"> • D50: 25 gm (50 ml) IV • May repeat x1 <p>Pediatric:</p> <ul style="list-style-type: none"> • D25: 1 gm/kg IV or IO • May repeat x1
<p><u>Diazepam</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Seizure • Seizures associated with Nerve agent exposure (see WMD protocol) <p>Pearls:</p> <ul style="list-style-type: none"> • May cause respiratory depression and hypotension • Do not mix with other drugs • Administer slowly 	<p>Adult:</p> <ul style="list-style-type: none"> • 2-4 mg IV, then 2 mg IV every 3-5 min. prn • Nerve agent exposure – 5-10 mg IV/IM <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.2 mg/kg IV, IO, or per rectum • May repeat every 5 minutes x2 • Nerve agent exposure - 0.3mg/kg IV, IO, IM
<p><u>Diltiazem (Cardizem)</u> (Applies to Madison/Yancey EMS only)</p> <p>Indications:</p> <ul style="list-style-type: none"> • Rapid atrial fibrillation or flutter <p>Pearls:</p> <ul style="list-style-type: none"> • Contraindicated in wide complex tachycardia, AV block, bradycardia, hypotension, WPW syndrome, and concurrent/recent use of beta blockers • SE: Dizziness, muscle weakness, headache, peripheral edema, hypotension and bradycardia 	<p>Adult:</p> <ul style="list-style-type: none"> • 0.25 mg/kg SIVP over 2 minutes • Repeat at 0.35 mg/kg in 15 minutes if needed • Infusion: 125 mg/100 ml NS = 1 mg/ml, infuse at 5-15 mg/hr <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Diphenhydramine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Allergic Reaction, Anaphylaxis <p>Pearls:</p> <ul style="list-style-type: none"> • May cause drowsiness and hypotension 	<p>Adult:</p> <ul style="list-style-type: none"> • 50 mg IV <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.5 mg/kg IV, IO <p>Max. dose 50 m</p>
<p><u>Dopamine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Cardiogenic Shock, Hypotension <p>Pearls:</p> <ul style="list-style-type: none"> • Tissue neurosis if infiltrated • May cause nausea/vomiting, tachycardia, angina, arrhythmias, headache, and dyspnea • Premix concentration is 800 mg/500 ml D5W or NS (1600 mcg/ml) 	<p>Adult:</p> <ul style="list-style-type: none"> • 2-20 mcg/kg/min., IV titrate to systolic BP of 90 • Begin at 2-5 mcg/kg/min. <p>Pediatric:</p> <ul style="list-style-type: none"> • 2-20 mcg/kg/min., IV or IO titrate to systolic BP appropriate for age • Begin at 2-5 mcg/kg/min.

Epinephrine 1:1,000

Indications:

- Allergic Reaction, Anaphylaxis, Cardiac Arrest

Pearls:

- Use with caution in patients with angina, hypertension, hyperthyroidism, pregnancy, tachycardia, and > 50 years old
- High dose in cardiac arrest per Medical Control order

Adult:

Anaphylaxis

- 0.3 mg SQ
- May repeat x1 after 5 min.
- Epi-pen - EMT level

Cardiac Arrest

- Mix 2 mg in 10 ml NS for Endotracheal administration

Pediatric: (< 30 kg)

Anaphylaxis

- 0.15 mg SQ
- May repeat x1 after 5 min.
- Epi-pen Jr. - EMT level

Cardiac Arrest

- Initial IV, IO dose is 1:10,000
- Subsequent doses and Endotracheal administration, 0.1 mg/kg q 3-5 min.

Epinephrine 1:10,000

Indications:

- Allergic Reaction, Anaphylaxis, Cardiac Arrest

Pearls:

- Use with caution in patients with angina, hypertension, hyperthyroidism, pregnancy, tachycardia, and > 50 years old
- High dose in cardiac arrest per Medical Control order

Adult:

Anaphylaxis

- 0.2-0.5 mg slow IV push

Cardiac Arrest

- 1 mg IV q 3-5 min.

Pediatric:

Anaphylaxis

- Use 1:1,000

Bradycardia

- 0.01 mg/kg IV, IO initial and subsequent doses

Cardiac Arrest

- 0.01 mg/kg IV, IO initial dose

Furosemide

Indications:

- Congestive Heart Failure, Pulmonary, Edema

Pearls:

- May cause nausea, vomiting, dehydration, hypokalemia

Adult:

- 40-80 mg IV

Pediatric:

- N/A

<p><u>Glucagon</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Hypoglycemia (CBG < 80 mg/dl) <p>Pearls:</p> <ul style="list-style-type: none"> • Use in patients with no IV access • Do not give to patients with pheochromocytoma, beef or pork protein hypersensitivity 	<p>Adult:</p> <ul style="list-style-type: none"> • 1 mg SQ • May repeat x1 after 10 min. <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.5 mg SQ • May repeat x1 after 10 min.
<p><u>Haloperidol</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Violent or psychotic behavior <p>Pearls:</p> <ul style="list-style-type: none"> • May cause CNS depression, hypotension 	<p>Adult:</p> <ul style="list-style-type: none"> • 5 mg IV, IM q 15 min. up to 15 mg <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Ibuprofen/Motrin</u> (Liquid)</p> <p>Indications:</p> <ul style="list-style-type: none"> • Fever Protocol • A nonsteroidal anti-inflammatory used for pain and fever control <p>Pearls:</p> <ul style="list-style-type: none"> • Not to be used in patients with history of GI bleeding or renal insufficiency • Not to be used with patients that are allergic to aspirin or other NSAID drugs • Avoid if patient is taking anticoagulants 	<p>Adult:</p> <ul style="list-style-type: none"> • 400 - 800 mg PO <p>Pediatric:</p> <ul style="list-style-type: none"> • 10 mg/kg
<p><u>Lidocaine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Treat ventricular dysrhythmias, blunt an increased ICP during intubation • Intraosseous site pain control. Administer before fluids. <p>Pearls:</p> <ul style="list-style-type: none"> • Do not use in high degree heart block, sinus bradycardia, sinus arrest • Early toxicity symptoms include: anxiety, euphoria, combativeness, nausea, twitching, numbness • Late toxicity symptoms include: convulsions, decreased LOC and BP, widening QRS, prolonged PR interval • Double dose for Endotracheal Tube Administration • Half dose for patients > 70, in shock, heart failure, and liver failure • Xylocaine jelly approved for Endotracheal Tube lubrication as needed 	<p>Adult:</p> <p><u>Cardiac Arrest</u></p> <ul style="list-style-type: none"> • 1.5 mg/kg IV push • Repeat in 3-5 min. to 3 mg/kg max. <p><u>Ventricular Dysrhythmias</u></p> <ul style="list-style-type: none"> • 1.5 mg/kg IV over 2 min. • Repeat in 10 min. half dosage to 3 mg/kg max. • Infusion: 2 gm/500 ml NS or D5W at 2-4 mg/min. <p><u>Intraosseous Site Pain Control</u></p> <ul style="list-style-type: none"> • 20-40 mg I.O. <p><u>Pre-intubation</u></p> <ul style="list-style-type: none"> • 1 mg/kg IV <p>Pediatric:</p> <ul style="list-style-type: none"> • 1 mg/kg IV every 3-5 min. Do not exceed 100 mg/hr • 0.5 mg/kg for I.O site pain control

<p><u>Lorazepam</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Seizures, Sedation <p>Pearls:</p> <ul style="list-style-type: none"> • May cause drowsiness, respiratory depression, nausea and vomiting 	<p>Adult:</p> <ul style="list-style-type: none"> • 1-2 mg IV q 15 min. up to 4 mg <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV, IO
<p><u>Magnesium</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Torsades des pointes • Pre-eclampsia <p>Pearls:</p> <ul style="list-style-type: none"> • Causes CNS and respiratory depression, hypotension • Use caution in recent MI, heart block, and renal disease 	<p>Adult:</p> <ul style="list-style-type: none"> • 2 gm IV slow <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Midazolam</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Sedation <p>Pearls:</p> <ul style="list-style-type: none"> • Causes CNS and respiratory depression • Use caution in hypoxic or hypotensive patients 	<p>Adult:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV up to 6 mg max. • May repeat every 15-30 min. to maintain sedation <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV up to 6 mg max. • May repeat every 15-30 min. to maintain sedation
<p><u>Morphine Sulfate</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Analgesia, chest pain <p>Pearls:</p> <ul style="list-style-type: none"> • May cause CNS and respiratory depression, hypotension, nausea and vomiting • Use caution in head injury, exacerbated COPD, acute abdomen 	<p>Adult:</p> <ul style="list-style-type: none"> • 2-4 mg IV • May repeat 2-4 mg every 5-15 min. to maintain desired effect maximum dose 20 mg <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.1-0.2 mg/kg IV, IO • May repeat every 5-15 min. to maintain desired effect
<p><u>Naloxone</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Operate overdose, coma <p>Pearls:</p> <ul style="list-style-type: none"> • May cause precipitous vomiting, ventricular dysrhythmias, acute withdrawal • Titrate to respiratory improvement, not necessary to awaken patient in field • Double dose for Endotracheal Tube Administration 	<p>Adult:</p> <ul style="list-style-type: none"> • 0.5 mg - 2 mg IV, IM, SQ • May repeat in 5-10 min. <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV, IM, SQ • May repeat in 5-10 min.

<p><u>Nitroglycerin</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Angina Pectoris • Hypertension (diastolic BP > 120) • Pulmonary Edema <p>Pearls:</p> <ul style="list-style-type: none"> • May cause hypotension, pulsating headache, flushing • Do not give if BP is < 90 systolic • Use in hypertension requires Medical Control Physician order 	<p>Adult:</p> <ul style="list-style-type: none"> • 1 spray or 0.4 mg tablet SL • Repeat every 5 minutes until pain free or max. 3 doses <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Oxygen</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Useful in airway, chest pain, and respiratory distress. Required for preoxygenation prior to intubation <p>Pearls:</p> <ul style="list-style-type: none"> • As indicated in Treatment protocols 	<p>Adult:</p> <ul style="list-style-type: none"> • 1-4 LPM via nasal cannula • 6-15 LPM via NRB mask • 15 liters via BVM <p>Pediatric:</p>
<p><u>Pralidoxime (2-PAM)</u></p> <p>(See WMD protocol)</p> <p>Indications:</p> <ul style="list-style-type: none"> • Antidote for Nerve Agents or Organophosphate <p>Pearls:</p> <ul style="list-style-type: none"> • Administered with Atropine • This drug is a non-stock item and may be used upon availability 	<p>Adult:</p> <ul style="list-style-type: none"> • Major symptoms - 600 mg IM x 3 • Minor symptoms - 15-25 mg/kg IV over 30 minutes <p>Pediatric:</p> <ul style="list-style-type: none"> • Major symptoms: <ul style="list-style-type: none"> 0-7 years old - 600 mg IM 8-14 years old - 600 mg x 2 > 15 years old - 600 mg x 3 • Minor Symptoms: 15-25 mg/kg IV over 30 minutes.
<p><u>Promethazine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Motion sickness, nausea, vomiting <p>Pearls:</p> <ul style="list-style-type: none"> • May cause drowsiness and hypotension, especially in the elderly • Dilute IV phenergan in 10 ml of Normal Saline Solution 	<p>Adult:</p> <ul style="list-style-type: none"> • 12.5 mg IV over 2 min. or deep IM • (>60 yrs old) 6.25 mg IV over 2 min. or deep IM <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.25-0.5 mg/kg IV over 2 min. or deep IM

<p><u>Sodium Bicarbonate</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Metabolic Acidosis. In cardiac arrest > 10 min., tricyclic overdose <p>Pearls:</p> <ul style="list-style-type: none"> • Use caution in hypokalemia and salt load intolerant (i.e. CHF) • Precipitates when mixed with calcium chloride 	<p>Adult:</p> <ul style="list-style-type: none"> • 1 mEq/kg IV initial dose • Repeat 0.5 mEq/kg every 10 min. <p>Pediatric:</p> <ul style="list-style-type: none"> • 1-2 mEq/kg initial dose • Repeat half dose every 10 min. <p>Neonate:</p> <ul style="list-style-type: none"> • Dilute 1:1 in NS
<p><u>Solumedrol</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Spinal Cord injury with evidence of neurological deficit • Severe bronchospasm <p>Pearls:</p> <ul style="list-style-type: none"> • May cause increased ICP, convulsions, arrhythmias, CHF, hypertension, anaphylactic reaction 	<p>Adult:</p> <ul style="list-style-type: none"> • 30 mg/kg in 50 ml NS IV over 15 min. – spinal cord injury • 125 mg IV – bronchospasm <p>Pediatric:</p> <ul style="list-style-type: none"> • 2 mg/kg IV
<p><u>Succinylcholine Chloride</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Paralytic <p>Pearls:</p> <ul style="list-style-type: none"> • Use of Paralytics must always include sedatives • May cause increased ICP, increased IOP, increased K+, fasciculations • Patient loses motor and airway control 	<p>Adult:</p> <ul style="list-style-type: none"> • 1.5 mg/kg IV <p>Pediatric:</p> <ul style="list-style-type: none"> • 2.0 mg/kg IV
<p><u>Thiamine</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Coma, glucose metabolism <p>Pearls:</p> <ul style="list-style-type: none"> • Use prior to Dextrose administration • May cause restlessness, N/V/D, pulmonary edema, anaphylactic reaction 	<p>Adult:</p> <ul style="list-style-type: none"> • 100 mg IV slow <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Vecuronium Bromide</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Paralytic <p>Pearls:</p> <ul style="list-style-type: none"> • Use of Paralytics must always include sedatives • Patient loses motor and airway control • Use caution in newborns and myasthenia gravis patients 	<p>Adult:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV • May repeat every 15-30 min. to maintain paralysis <p>Pediatric:</p> <ul style="list-style-type: none"> • 0.1 mg/kg IV • May repeat every 15-30 min. to maintain paralysis



Drug	Dose
<p><u>Antibiotics</u></p> <p>Indications:</p> <ul style="list-style-type: none"> ▪ Treat or prevent infections <p>Pearls:</p> <ul style="list-style-type: none"> ▪ Report any adverse reaction, i.e. urticaria, nausea/ vomiting to Medical Control 	<p>Adult:</p> <ul style="list-style-type: none"> ▪ Varies depending on med ▪ Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> ▪ Varies depending on med ▪ Follow existing orders or label instructions
<p><u>Heparin Drip</u></p> <p>Indications:</p> <ul style="list-style-type: none"> ▪ Anticoagulation therapy <p>Pearls:</p> <ul style="list-style-type: none"> ▪ Observe for bleeding 	<p>Adult:</p> <ul style="list-style-type: none"> ▪ Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> ▪ N/A
<p><u>Magnesium Sulfate Drip</u></p> <p>Indications:</p> <ul style="list-style-type: none"> ▪ Hypomagnesium, Torsades de pointes, Preeclampsia, Eclampsia <p>Pearls:</p> <ul style="list-style-type: none"> ▪ Disappearance of knee jerk/patellar reflex indicates toxic level ▪ May cause respiratory depression, hypotension, heart block 	<p>Adult:</p> <ul style="list-style-type: none"> ▪ Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> ▪ N/A
<p><u>Nitroglycerin Drip</u></p> <p>Indications:</p> <ul style="list-style-type: none"> ▪ Chest Pain, CHF, Pulmonary Edema <p>Pearls:</p> <ul style="list-style-type: none"> ▪ May cause hypotension, headache, flushing ▪ Frequent vital signs are indicated 	<p>Adult:</p> <ul style="list-style-type: none"> ▪ Follow existing orders or label instructions ▪ May increase infusion rate by 5-20 mcg/min. until: <ul style="list-style-type: none"> -Systolic BP falls below 100 mmHg -Heart Rate increases 20 BPM -Chest Pain is relieved <p>Pediatric:</p> <ul style="list-style-type: none"> ▪ N/A



Drug	Dose
<p><u>Platelet Glycoprotein IIb/IIIa Inhibitors</u> (i.e.: Aggrast, Integrelin, Reopro)</p> <p>Indications:</p> <ul style="list-style-type: none"> Inhibits platelet aggregation in acute coronary syndrome including PCI (Percutaneous Coronary Intervention) <p>Pearls:</p> <ul style="list-style-type: none"> Contraindicated: Hypersensitivity, recent surgery, bleeding or bleeding disorders, recent CVA, uncontrolled severe hypertension, hypotension and renal dialysis dependency SE: Bleeding, CVA, thrombocytopenia, bradycardia and rash 	<p>Adult:</p> <ul style="list-style-type: none"> Variable depending on med, follow existing orders or label instructions.
<p><u>Potassium Chloride</u></p> <p>Indications:</p> <ul style="list-style-type: none"> Hypokalemia <p>Pearls:</p> <ul style="list-style-type: none"> Cardiac monitor indicated for rates above 10 mEq/hr May cause arrhythmias, nausea, vomiting, phlebitis at IV site 	<p>Adult:</p> <ul style="list-style-type: none"> Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> Follow existing orders or label instructions
<p><u>Thrombolytics (i.e. Urokinase, Streptokinase, TPA)</u></p> <p>Indications:</p> <ul style="list-style-type: none"> To dissolve thrombi <p>Pearls:</p> <ul style="list-style-type: none"> IM injections, venipuncture contraindicated during therapy Many possible side effects depending on med. Most common include bleeding, fever, urticaria, hypotension, arrhythmias 	<p>Adult:</p> <ul style="list-style-type: none"> Various depending on med Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> Various depending on med Follow existing orders or label instructions
<p><u>Whole Blood and Components</u></p> <p>Indications:</p> <ul style="list-style-type: none"> Restore circulating volume, replace clotting factors, improve oxygen carrying capacity of blood <p>Pearls:</p> <ul style="list-style-type: none"> Discontinue infusion immediately if any of the following occur: fever with or without chills, chest pain, pain at infusion site, lower back pain, hypotension, nausea, flushing, dyspnea, bleeding, blood in urine, shock, absent or decreased urine output. Notify both sending and receiving facilities 	<p>Adult:</p> <ul style="list-style-type: none"> All products should be infused within four hours, whole blood may be as fast as patient can tolerate. Fresh frozen plasma/platelets usually 10 ml/min. <p>Pediatric:</p> <ul style="list-style-type: none"> All products should be infused within four hours, whole blood may be as fast as patient can tolerate. Fresh frozen plasma/platelets usually 10 ml/min.