



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

16N – EPINEPHRINE 1mg/mL (1:1000) & 0.1mg/mL (1:10,000)

EMT	IM Administration 1mg/mL (1:1000) Only – 8D 8E 8F
EMT-INTERMEDIATE 85	IM Administration 1mg/mL (1:1000) Only – 8D 8E 8F
ADVANCED EMT	IM Administration 1mg/mL (1:1000) Only – 3C 8D 8E 8F
PARAMEDIC	

Class: Vasoconstrictor, Bronchodilator (Catecholamine)

Actions/Pharmacodynamics: Stimulates alpha receptors in the peripheral vasculature, producing vasoconstriction-related increases in systemic blood pressure. Stimulates beta-1 receptors in the myocardium, producing increases in heart rate, myocardial contraction, and as a result, cardiac output. Stimulates beta-2 receptors in the lower respiratory tract smooth musculature, producing bronchodilation.

Indications:

- Dyspnea - Asthma (Severe & Refractory to Nebulization) (3C)
- Asystole (4F)
- Ventricular Fibrillation/Pulseless Ventricular Tachycardia (4G)
- Pulseless Electrical Activity (4H)
- Bradycardia (Pediatric) (5D)
- Acute Allergic Reactions (Anaphylaxis) (8D)
- Snakebites (Anaphylaxis) (8E)
- Bee/Wasp Stings (Anaphylaxis) (8F)

Contraindications: None absolute in indications above.

Safety in pregnancy not firmly established, though when clinically indicated the benefits outweigh risks.

Pharmacokinetics: Onset of action within 2 minutes after IVP/IOP; within 5-10 minutes after IM. Duration of effect ranges from 3-5 minutes after IVP/IOP to upwards of 30 minutes after IM.

Side Effects: Restlessness, anxiety, generalized tremors, headache, dizziness, chest pain, palpitations, hypertension, premature ventricular contractions, tachycardia.

Dosage: **Dyspnea - Asthma (Severe & Refractory to Nebulization) - Adult (3C)**
1mg/mL (1:1000) 0.3 mg IM

****OLMC Order Required if pt ≥ 50 years old, heart illness history, or blood pressure > 140/90 mmHg.**

Dyspnea - Asthma (Severe & Refractory to Nebulization) - Pediatric (3C)
1mg/mL (1:1000) 0.01 mg/kg (0.01 mL/kg) not to exceed 0.3 mg (0.3 mL) IM

****OLMC Order required if heart illness history or blood pressure > 140/90 mmHg.**



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PROTOCOL 16N: Epinephrine 1mg/mL (1:1000) & 0.1mg/mL (1:10,000), cont

Dosage, cont:

Dyspnea – Croup – Pediatric (3M)
1mg/mL (1:1000) 3mg/3mL via nebulizer

Asystole - Adult (4F)
Ventricular Fibrillation/Pulseless Ventricular Tachycardia - Adult (4G)
Pulseless Electrical Activity - Adult (4H)
0.1mg/mL (1:10,000) 1 mg IVP/IOP
Repeat every 3 - 5 minutes while resuscitating cardiac arrest

Ventricular Fibrillation/Pulseless Ventricular Tachycardia - Adult (4G)
0.1mg/mL (1:10,000) 1 mg IVP/IOP
Repeat every 3 - 5 minutes while resuscitating cardiac arrest, cumulative maximum 3mg

Asystole - Pediatric (4F)
Ventricular Fibrillation/Pulseless Ventricular Tachycardia - Pediatric (4G)
Pulseless Electrical Activity - Pediatric (4H)
0.1mg/mL (1:10,000) 0.01 mg/kg (0.1 mL/kg) IVP/IOP
Repeat every 3 - 5 minutes while resuscitating cardiac arrest

Bradycardia - Symptomatic & Systolic BP < 70 + (2 x age in years) mmHg (Sinus, First Degree, 2nd Degree Type I) - Pediatric (5D)
0.1mg/mL (1:10,000) 0.01 mg/kg (0.1 mL/kg) IVP/IOP
May repeat once.

Acute Allergic Reactions (Anaphylaxis) - Adult (8D)
Snakebites (Anaphylaxis) - Adult (8E)
Bee/Wasp Stings (Anaphylaxis) - Adult (8F)
1mg/mL (1:1000) 0.5 mg IM
If anaphylaxis refractory to above IM dose:
0.1mg/mL (1:10,000) 1 mg slow IVP/IOP over 3 minutes

Acute Allergic Reactions (Anaphylaxis) - Pediatric (8D)
Snakebites (Anaphylaxis) - Pediatric (8E)
Bee/Wasp Stings (Anaphylaxis) - Pediatric (8F)
1mg/mL (1:1000) 0.15 mg IM dose for EMT
1mg/mL (1:1000) 0.01 mg/kg (0.01 mL/kg) not to exceed 0.3 mg (0.3 mL) IM
If anaphylaxis refractory to above IM dose:
0.1mg/mL (1:10,000) 0.01 mg/kg slow IVP/IOP over 3 minutes

How Supplied: **Epinephrine 1mg/mL (1:1000)** in 1 mg/1mL ampules or 30 mg/30 mL vial
(Always check concentration and dose per container at time of patient medication administration)

Epinephrine 0.1mg/mL (1:10,000) in 1 mg/10 mL prefilled syringes
(Always check concentration and dose per container at time of patient medication administration)

Special Comments: Be sure to administer correct concentration. Pulsatile patients ages 35 years or greater, particularly those with known coronary artery disease, receiving epinephrine should have ECG monitoring initiated and continued as soon as an ECG monitor is available.