

HNE AREA Intensive Care

Approved For: JHH and CMN ICU's

ADRENALINE IV

- Trade Name:** Adrenaline
- Presentation:** 1mg in 1ml(1 in 1000) or 1mg in 1ml (1 in 10000)
- Indications:** adrenaline is an inotrope. It increases the contractility of the heart and causes peripheral vasoconstriction. Principal uses here include treatment of septic and anaphylactic shock.
- Administration:** Two 1 mg ampoules of adrenaline are diluted with 48 mls of normal saline. A useful starting dose is 0.05 mcg/kg/min. Maximum dose at this dilution is 100 mls/hr (1mcg/kg/min). Solution may be concentrated up to 20 mg adrenaline. At this concentration, the maximum rate should be 10mls /hr.

ADRENALINE INFUSION MUST BE DELIVERED VIA CENTRALLY PLACED VENOUS LINE(i.e.CVC)

In emergencies and with approval of senior medical officer a peripheral line may be used for short periods as below

Adrenaline Infusion via a peripheral line .

Problems :Pain on injection and the risk of extravasation with skin necrosis

Recommendations: if the risk of CVC is too great or while awaiting insertion of CVC it is permissible to infuse adrenaline DILUTED to ≤ 8 mcg/ml through a large vein which is inspected frequently (for extravasation)

4mg Adrenaline in 500mls saline – titrated to effect , usual rate 20-100 ml/hr

Nb.emergency situations may require much larger doses of Adrenaline – here use of full strength (2mg/50ml) may be necessary and is done at the discretion of the medical officer present.(ammended 20/02/07)

Dose

Precautions All patients receiving adrenaline infusions require central venous and arterial monitoring. At anything more than 6 mls per hour, problems with hypotension are likely when syringes are changed, efficient changing or the use of two pumps is indicated.

Compatibilities: Compatible fluids: NS, 5%dextrose, dextrose and saline solutions, hartmans

Incompatible fluids: Sodium bicarbonate

Incompatible drugs: Aminophylline, ampicillin, sodium bicarbonate

Created: 01-Jan-09 by Dr M Rowley Reviewed: 02-Jan-09 by Dr A. mullens Guideline to be reviewed before : 03-Jan-09

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines