

Guidelines for Using the Crash Cart: Preparation and Dosing of Drugs in Code Blue

Drug	Preparation	Infusion Rate	Dosing Regimen
Adenosine	N/A	6 mg over 1-3 sec	Initial bolus: 6mg IVP over 1-3 sec. Dose should be followed by 20ml NS. If no response within 1-2 min, a 12mg repeat dose should be administered in the same manner.
Amiodarone	N/A	N/A	Initial bolus: 300mg diluted in 20ml NS. Use filter needle for ampules. May repeat a second dose of 150mg in 3-5 minutes, if no response. *If an infusion is required, use amiodarone "kit." The drip will be 150mg/150ml D ₅ W. After the loading dose has been given, the infusion rate should be 1mg/min for 6 hours, then 0.5mg/min over the next 18 hours. The initial bag will be made during the code. Subsequent bags will be made by pharmacy at a concentration = 450mg/250ml D ₅ W
Atropine	N/A	N/A	Asystole & slow pulseless electrical activity: 1mg IV and repeat in 3-5 min if asystole persists. Bradycardia: 0.5-1mg IV every 3-5 min to a total dose of 0.04mg/kg or 3mg. Endotracheal dose: 1-2.5mg diluted in 10ml NS
Calcium Chloride	N/A	N/A	A 10% solution of calcium chloride can be given in a dose of 2-4mg/kg and repeated as necessary at 10 min intervals.
Dopamine	400mg/250ml D5W Concentration: 1.6mg/ml	2-20mcg/kg/min	Initial rate: 2.5-5mcg/kg/min and titrate to desired effect. Common dosing range is 5-20mcg/kg/min.
Epinephrine	1mg/250ml D5W Concentration: 4mcg/ml	1-10mcg/ml	IV bolus: 1mg (1:10,000) solution every 3-5min. Intermediate dose: 2-5mg IV bolus every 3-5min. Escalating dose: 1, 3, 5 mg IV bolus (3 min apart). High dose: 0.1 mg/kg IV bolus every 3-5min. Endotracheal dose: 2-2.5mg of 1:1000 solution. Add NS for total volume of 10ml. Infusion rate: 0.1-1 mcg/kg/min.
Isoproterenol	1mg/250ml D5W Concentration: 4mcg/ml	2-10mcg/min	Infusion rate: 2-10mcg/min and titrate according to heart rate and rhythm.
Lidocaine	2gm/250ml Concentration: 8mg/ml	1-4mg/min	Initial bolus: 1-1.5mg/kg, additional boluses of 0.5-1.5mg/kg can be given every 5-10min if necessary to a total of 3mg/kg. With return of perfusion, a continuous infusion should be initiated at 2-4mg/min.
Magnesium Sulfate	N/A	N/A	1-2gm (8-16 mEq) diluted in 10ml and administered over 1-2 min in VF/VT. In patients with documented hypomagnesemia, a loading dose of 1-2gm in 50-100ml D5W should be administered over 5-60min. An infusion of 0.5-1gm/h should follow for up to 24 hours.
Metoprolol	N/A	N/A	5-10mg slow IVP at 5 min intervals to a total dose of 15mg.
Naloxone	N/A	N/A	0.4-2mg every 2 minutes; can dilute in 10ml NS for ease of administration
Norepinephrine	4mg/250ml D5W Concentration: 16mcg/ml	0.5-30mcg/min	Initial dose: 0.5-1mcg/min and titrate to effect. Patients with refractory shock may require 8-30mcg/min.
Procainamide	1gm/250ml D5W Concentration: 4mg/ml	1-4mg/min	IV infusion: 20mg/min until arrhythmia is suppressed, hypotension ensues, the QRS complex is widened by 50% of its original width, or a total of 17mg/kg of the drug has been administered. The maintenance infusion rate is 1-4mg/min.
Sodium Bicarbonate	N/A	N/A	1 mEq/kg, then half this dose every 10 min.
Vasopressin	10 Units/100ml D5W Concentration 0.1 Units/ml	0.04-0.08 Units/min May titrate for BP, however, limited data	Dose during code: 40 Units IVP over 2 minutes Dose as a vasopressor: 0.04-0.08 Units/min
Verapamil	80mg/250ml D5W	0.32mg/ml	Initial dose: 2-5mg given IV over 2 min. Repeated doses of 5-10mg may be administered every 15-30 min to a maximum of 20mg.