

## ACLS Pharmacology Summary Table

Drug	Indications	Precautions/ Contraindications	Adult Dosage
<b>Adenosine</b>	<ul style="list-style-type: none"> <li>• First drug for most forms of stable narrow-complex SVT. Effective in terminating those due to reentry involving AV node or sinus node</li> <li>• May consider for unstable narrow-complex reentry tachycardia while preparations are made for cardioversion</li> <li>• Regular and monomorphic wide-complex tachycardia, thought to be or previously defined to be reentry SVT</li> <li>• Does <i>not</i> convert atrial fibrillation, atrial flutter, or VT</li> <li>• Diagnostic maneuver: stable narrow-complex SVT</li> </ul>	<ul style="list-style-type: none"> <li>• Contraindicated in poison/drug-induced tachycardia or second- or third-degree heart block</li> <li>• Transient side effects include flushing, chest pain or tightness, brief periods of asystole or bradycardia, ventricular ectopy</li> <li>• Less effective (larger doses may be required) in patients taking theophylline or caffeine</li> <li>• Reduce initial dose to 3 mg in patients receiving dipyridamole or carbamazepine, in heart transplant patients, or if given by central venous access</li> <li>• If administered for irregular, polymorphic wide-complex tachycardia/VT, may cause deterioration (including hypotension)</li> <li>• Transient periods of sinus bradycardia and ventricular ectopy are common after termination of SVT</li> <li>• Safe and effective in pregnancy</li> </ul>	<p><b>IV Rapid Push</b></p> <ul style="list-style-type: none"> <li>• Place patient in mild reverse Trendelenburg position before administration of drug</li> <li>• Initial bolus of 6 mg given rapidly over 1 to 3 seconds followed by NS bolus of 20 mL; then elevate the extremity</li> <li>• A second dose (12 mg) can be given in 1 to 2 minutes if needed</li> </ul> <p><b>Injection Technique</b></p> <ul style="list-style-type: none"> <li>• Record rhythm strip during administration</li> <li>• Draw up adenosine dose and flush in 2 separate syringes</li> <li>• Attach both syringes to the IV injection port closest to patient</li> <li>• Clamp IV tubing above injection port</li> <li>• Push IV adenosine as quickly as possible (1 to 3 seconds)</li> <li>• While maintaining pressure on adenosine plunger, push NS flush as rapidly as possible after adenosine</li> <li>• Unclamp IV tubing</li> </ul>
<b>Amiodarone</b>	<p>Because its use is associated with toxicity, amiodarone is indicated for use in patients with life-threatening arrhythmias when administered with appropriate monitoring:</p> <ul style="list-style-type: none"> <li>• VF/pulseless VT unresponsive to shock delivery, CPR, and a vasopressor</li> <li>• Recurrent, hemodynamically unstable VT</li> </ul> <p><i>With expert consultation</i>, amiodarone may be used for treatment of some atrial and ventricular arrhythmias</p>	<p><b>Caution: Multiple complex drug interactions</b></p> <ul style="list-style-type: none"> <li>• Rapid infusion may lead to hypotension</li> <li>• With multiple dosing, cumulative doses &gt;2.2 g over 24 hours are associated with significant hypotension in clinical trials</li> <li>• Do not administer with other drugs that prolong QT interval (eg, procainamide)</li> <li>• Terminal elimination is extremely long (half-life lasts up to 40 days)</li> </ul>	<p><b>VF/pVT Cardiac Arrest Unresponsive to CPR, Shock, and Vasopressor</b></p> <ul style="list-style-type: none"> <li>• <b>First dose:</b> 300 mg IV/IO push</li> <li>• <b>Second dose (if needed):</b> 150 mg IV/IO push</li> </ul> <p><b>Life-Threatening Arrhythmias</b></p> <p><b>Maximum cumulative dose:</b> 2.2 g IV over 24 hours. May be administered as follows:</p> <ul style="list-style-type: none"> <li>• <b>Rapid infusion:</b> 150 mg IV over first 10 minutes (15 mg per minute). May repeat rapid infusion (150 mg IV) every 10 minutes as needed</li> <li>• <b>Slow infusion:</b> 360 mg IV over 6 hours (1 mg per minute)</li> <li>• <b>Maintenance infusion:</b> 540 mg IV over 18 hours (0.5 mg per minute)</li> </ul>

*(continued)*