"Quick & Dirty Emergency Dosages Cheat Sheet"

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Solu-Cortef - For Replacement: 100 mg – 250 mg intravenous (I.V.) or intramuscular (I.M.) prior to the dental procedure.

For Anaphylactic Shock: 500 mg – 2 gm IV or IM every 2- 6 hours.

- 1. Usages Perioperative replacement for patients that are taking steroid medications to prevent cardiovascular collapse. Anaphylactic shock response. Perioperative replacement for patients that are taking steroid medications to prevent cardiovascular collapse.
- 2. Anaphylactic shock response.

Methylprednisolone - For Anaphylactic Shock: 125 mg I.V.; then 60 mg I.V. every 4 hours.

Diazepam — Give 5-10 mg intravenous (I.V.) or intramuscular (I.M.) at 2 mg/minute. Intravenous onset is immediate; Intramuscular onset may take 15-30 minutes.

Due to probable sedation, be prepared to support the airway and monitor vital signs until help arrives.

Midazolam — Use of midazolam for seizures is an unlabeled use, but effective. Give 0.15 mg/kg I.V. Due to probable sedation, be prepared to support the airway and monitor vital signs until help arrives.

Succinylcholine - Administer 5 to 10 mg I.V. to break the laryngospasm. also consider **Lidocaine** – 100 mg I.V. push for treating laryngospasm.

Albuterol — Beta 2 agonist, dilates bronchial smooth muscle. 2 effective puffs given to effect, repeat as necessary.

Inhaled Spirits of Ammonia — pungent mixture of alcohol and ammonia, rapid stimulation of respiration. Crush .3 ml glass ampule and place under the nose.

Morphine (*Fentanyl*) - Dilute 10 mg (1 ml) Morphine with 9ml of sterile normal saline or sterile I.V. fluid. Administer 1-2 mg I.V. initially; titrate 1mg at a time to effect (reduction of pain). Also consider fentanyl 12.5 to 25 mcg boluses

Aspirin — 160 mg – 325 mg by mouth. A Chewable 81mg baby aspirin works well for adults.

Nitroglycerin - One tablet (0.4 mg) sublingual every 5 minutes until symptoms are relieved. No more than 3 tablets every 15 minutes. Nitroglycerin spray is a metered dose of 0.4 mg/spray. Use in place of the tablet dose above.

Sugar/Glucose - Quickly swallow a teaspoon. Tablespoon (amount does not matter at this point!) of sugar/glucose from the tube. Repeat until symptoms subside.

Sugared Soda pop and cake frosting in a tube also work well.

Diphenhydramine — 10-50 mg Intravenous (IV) or Intramuscular (IM), not to exceed 400 mg per day. Single doses up to 100mg may be used if needed. *Be aware that diphenhydramine could cause dizziness, drowsiness, and/or sedation.*

Flumazenil – 0.1 mg administered over 10-15 seconds up to 1mg; onset 1-2 minutes. Beware of use in patients with benzodiazepine dependence.

Naloxone – 0.4 mg vial diluted in 10ml fluid syringe makes 40mcg/ml. Administer 40mcg iv slowly. Titrate 40 mcg boluses of medication to effect. Beware: Patients will have extremely intense rebound pain resulting in hypertension and tachycardia. *Beware of use in narcotic dependent patients*.

Here are the most current 2017 NPO recommendations:

A Summary of Current Fasting Recommendations to Reduce the Risk of Pulmonary Aspiration for Healthy Children and Adults

(Adapted from a report on fasting recommendations from the American Society of Anesthesiologists.)

Ingested Material

Minimum Fasting Period

Clear liquids*	2 hours
Breast Milk	4 hours
Infant formula	6 hours
Non-human milk‡	6 hours
Light meal [†]	6 hours
Heavy Meal (Fried foods, Fatty foods, Meat#)	8 hours

- *Clear liquids are those that allow the clear passage of light through them. Examples are water, carbonated beverages, clear tea, and black coffee.
- ‡ Non-human milk is considered the same as solid food in regard to gastric clearance.
- † A light meal compares to toast and clear liquids. A full meal should not be considered as this meal can require increased time until gastric emptying.
- # These foods are considered a full meal.

Last Use of Smoked or Vaped Marijuana Should be 1-2 hours before surgery. Ingested Use should be 8 hours.

Anti-Nausea Medications:

Ondansetron – 4 mg IV Famotidine – 20 mg IV

Metoclopramide – 10 mg IV

Dexamethasone- 8-12 mg IV

Inhaled Vapors of Ethyl Alcohol

Oxygen — Rapid effects, easily available. Delivered via nasal cannula, simple face mask, ambu bag/mask, or endotracheal tube.

Atropine — anticholinergic. Used for bradycardia with hypotension due to vagal nerve stimulation.

Adult 0.4mg – 1mg intravenous

Child >5kg (11 lbs.) 0.01 - 0.2 mg/kg, minimum dose of 0.1mg

Ephedrine — Causes indirect release of norepinephrine. Used to both increase heart rate (beta 1) and increase blood pressure (alpha 1). Tachyphylaxis effect.

Adult Give 5-25mg intravenously to effect. May be repeated in 5-10 minutes.

Child Give 0.2 - 0.3 mg/kg/dose.

(Is used to increase both blood pressure and heart rate.)

Epinephrine – Potent alpha 1, beta 1, beta 2 stimulation. Used for acute allergic reaction.

As a bronchodilator – 0.3-0.5mg subcutaneously (0.3ml-0.5ml of 1:1000) every 20 minutes for 3 doses. Primatene Mist is a great source of nebulized epinephrine for inhalation.

Hypersensitivity reaction – 0.3-0.5mg subcutaneously or intramuscular (0.3ml-0.5ml of 1:1000) every 15-20 minutes for 3 doses. IM is preferred.

Hypotension - 5 - 10 mcg intravenous boluses titrated to an acceptable blood pressure. 100mcg intravenous over 5 minutes. Intravenous infusion : 1-4 mcg/minute.

In cardiac arrest - 1mg IV or IO every 3-5 minutes. Also, see ACLS algorithms.

Phenylephrine - For Hypotension: 100-150mcg IV push; obtain an immediate blood pressure and pulse, administer another 100mcg IV if needed. (*Titrate to a mean arterial pressure of* \geq 60 torr) Open up the patients IV fluids. (*Is used to increase blood pressure only.*)

Appendix

3. Epinephrine double dilution recipe:

a. Draw up the 1mg of Ephedrine in a 10mlSyringe



b. Dilute with 9ml of I.V. Solution *(makes 10ml)*



c. Squirt out 9ml of this Solution (leaves 1ml)



d. Add 9ml of I.V. Solution *(makes 10 mcg per ml)*



Appendix

2. Ephedrine single dilution recipe:

a. Draw up the 50mg of Ephedrine in a 10ml Syringe



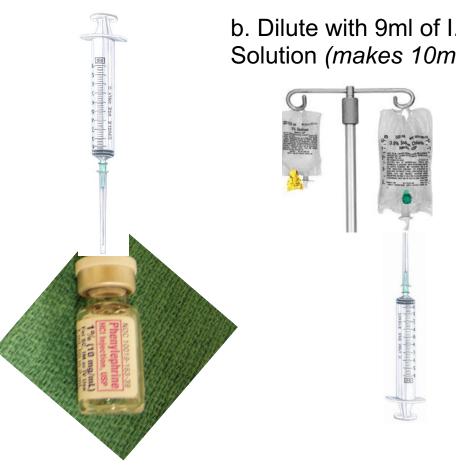
b. Dilute with 9ml of I.V. Solution (makes 10ml @ 5mg/ml)



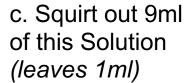
Appendix

1. Phenylephrine double dilution recipe:

a. Draw up the 10mg of Phenylephrine in a 10ml Syringe



b. Dilute with 9ml of LV. Solution (makes 10ml)





d. Add 9ml of I.V. Solution (makes 100 mcg per ml)

