

“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 (<i>Fried foods, Fatty foods, Meat[#]</i>)	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 ≥ 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 10ml Syringe



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 I.V. Solution (makes 10ml)



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



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

