

## Emergency Drugs for Use During Intravenous Sedation Analgesia

Updated February 9, 2018

**LABETOLOL** - For hypertension and tachycardia, usually due to injection of adrenaline. Do not give if HR<60

HOW SUPPLIED: ANESTHESIA CART. 100mg in a 20mL Multi-Dose Vial, 5mg/cc.

DOSE: **give ½ cc to 1 cc** (2.5mg-10mg) Q5min up to 10 cc (100mg).

Onset 2-5 min; Duration of action: 2-4 h.

NOTES: Competitive antagonists of both alpha- & beta-adrenergic receptors. Produces vasodilation not accompanied by tachycardia. Useful for treating intraop HTN not due to inadequate anesthesia. Consider starting with smaller dose in elderly pt because of possible exaggerated hypotension. LONG ACTING.

**ESMALOL** - For tachycardia, usually due to injection of adrenaline.

HOW SUPPLIED: ANESTHESIA CART. 100mg in a 10mL vial, 10mg/mL

DOSE: **give 1-2mL (10-20mg)** IVP every 3-5 minutes for desired effect.

NOTES: Pure beta adrenergic blocker for tachycardia. Duration of action 10-20 minutes. If converts to SVT then give adenosine (call AIC). Acceptable to use in the presence of hypotension. SHORT ACTING.

**HYDRALAZINE (APRESOLINE)** - for acute hypertension

HOW SUPPLIED: ANESTHESIA CART: comes in single dose 1mL vial. 20 mg/1 mL - need to dilute.

Mix 1 CC hydralazine with 4 CC NaCl into 5cc syringe = 4 MG/ CC.

DOSE: **Give 1-2 cc (4-8 mg)** of diluted solution

**PHENYLEPHRINE (NEO-SYNEPHRINE)** - For use in mild to moderate hypotension.

HOW SUPPLIED: PHARMACY 10cc DILUTED Neo-synephrine 0.1mg/cc. Comes diluted in pre-filled syringe.

DOSE: **give ½ cc to 1cc (0.05mg-0.1mg) IV Q 5minutes.**

NOTES: Expect reflex bradycardia.

**GLYCOPYRROLATE (ROBINUL)** - for bradycardia, preferred alternative to atropine

HOW SUPPLIED: ACCUDOSE 1mg/ 5cc vial contains 0.2mg/cc

DOSE: **give initial ½ cc to 1cc** (0.1-0.2mg) IV q2-3min prn

NOTE: blocks procedure/drug-induced cardiac vagal reflexes and associated arrhythmias and reduces secretions .

**ATROPINE** - For bradycardia.

HOW SUPPLIED: ANESTHESIA CART. Anesthesia syringe pack has premixed 3cc syringe containing 0.4mg/cc

DOSE: **give 1 cc (0.4 mg)** every 5 minutes as needed.

Maximum total dosage that can be given is 2 mg (5cc).

**NALOXONE (NARCAN)** - Narcotic reversal for opioid overdose.

HOW SUPPLIED: ANESTHESIA CART. 1 mg/cc naloxone injection.

DILUTION: Dilute 0.4mg/cc to total 10cc volume with NS for 40mcg/cc, 0.04mg/cc.

DOSE: **give 1cc (0.04mg)** Q3-5min to reverse narcotic effect. Do not give more than 0.4mg (10cc) total over 30 min. May have re-sedation effect.

**FLUMAZENIL (MAZICON)** - For the reversal of Versed or Valium

HOW SUPPLIED: ACCUDOSE 5mL multiple dose vials containing 0.1 mg/mL flumazenil.

DOSE: **give 1-2cc (0.1-0.2 mg) IV** infused over 15 sec; may repeat 1-2mL after 45 sec and then every min; not to exceed total cumulative dose of 1 mg.

NOTE: Expect to wait 6-10 min for any single dose to have full effect. Re-sedation may occur, do not repeat dose more often than q 20 minutes. Do not exceed 1mg (at 0.2mg/min doses) and 3mg in an hour.