

EMERGENCY MEDICATIONS DOSAGE CHART

SAMPLE

Rx Name	Adults	Pediatrics										
* Albuterol Sulfate Inhalation Solution (0.0836% - 2.5 mg / 3 ml)	One (1) pack in nebulizer	Half (½) pack for Children										
* Albuterol Sulfate Inhalation aerosol metered dose [90mcg (base)/actuation (equivalent to 108 mcg albuterol sulfate)]	180 mcg (2 puffs) inhaled PO every 4-6 hours: not to exceed 12 inhalations/24 hrs	<4 years: safety & efficacy not established >4 years: 90-180 mcg (1-2 puffs) inhaled PO every 4-6 hours										
Chewable Aspirin 81 mg (not enteric coated)	For Myocardial Infarction (MI): 2-4 tablets (81 mg)	Not recommended.										
* Benadryl HCL Inj, USP (50mg/ml)	100 mg IM (not to exceed 400 mg)	Children: 5 mg/kg/24 hrs or 150 mg/m ² /24 hrs IM, not to exceed 300 mg daily. Neonates: Not recommended.										
** Benadryl Liquid 12.5 mg/5 milliliters (ml)	25-50 mg every 4-6 hours; max 300 mg/day	Children Weight (Pound):										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>lbs</th> <th>20 - 24</th> <th>25 - 37</th> <th>38 - 49</th> <th>50 - 99</th> </tr> </thead> <tbody> <tr> <td>ml</td> <td>4</td> <td>5</td> <td>7.5</td> <td>10</td> </tr> </tbody> </table>	lbs	20 - 24	25 - 37	38 - 49	50 - 99	ml	4	5	7.5	10
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* Benadryl Tablet 25mg	2 tablets	Children Weight (Pound):										
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Children Weight (Pound):												
* Epinephrine Inj., 1:1,000 (1 mg/ml)	0.3 to 0.5 mg IM/Subcutaneous may repeat every 5 to 10 minutes	0.01 mg/kg/dose (0.01 mg/kg/dose of a 1mg/ml solution) IM or Subcutaneous. Max 0.5 mg/dose. May repeat every 5 to 10 minutes as needed										
** Epinephrine Inj., 1:10,000 (0.1 mg/ml)	0.1 to 0.25 mg IV (1 to 2.5 ml of 1:10,000 solution) injected slowly	Infant: 0.05 mg IV is an adequate initial dose, may repeat at 20 to 30 minute intervals Neonates: 0.01 mg/kg of body weight IV										
* Epinephrine Injection, USP auto-injector: Epipen Jr (Epinephrine 0.15 mg) Epipen (Epinephrine 0.3 mg)	> 66 lbs : 0.3 mg/dose IM or Subcutaneous into the anterolateral aspect of the thigh	33 – 66 lbs : 0.15 mg/dose IM or Subcutaneous into the anterolateral aspect of the thigh < 33 lbs : not recommended										
* Naloxone (Narcan) Inj. (0.02, 0.4, or 1 mg/mL):	0.4 mg to 2 mg IV, IM, or Subcutaneous up to a total dose of 10 mg, may repeat every 2 to 3 minutes as needed	0.01 mg/kg/dose IV, IM or Subcutaneous, may repeat dose every 2 to 3 minutes as needed										
Naloxone auto Injector	0.4 mg (1 actuation) IM or Subcutaneous into the antero lateral aspect of the thigh, may repeat same dose after 2 to 3 minutes	Same as adult Under 1 year old, thigh muscle should be pinched while administering injection										
Naloxone Nasal Spray	1 spray intranasally into 1 nostril. If desired response is not achieved after 2-3 mins, give a second dose intranasally into alternate nostril	Same as adult										

Rx Name	Adults	Pediatrics
Nitrostat (Nitroglycerin) tablets 0.4 mg (1/50 gr)	1 tab sublingually or in buccal pouch at onset, may repeat in 5 minutes; max 3 tabs in 15 minutes. Prophylaxis: 5-10 minutes before activity	Not recommended.
Glucagon for Injection (emergency medication for low blood sugar) 1 mg (1 unit)	<20kg: 0.5mg or 20-30 mcg/kg IM, IV or Subcutaneous >20 kg: 1mg IM, IV or Subcutaneous If the patient does not respond in 15 minutes, may give 1-2 more doses.	<20 kg: 0.5mg or 20-30 mcg/kg IM, IV or Subcutaneous > 20 kg: 1 mg IM, IV or Subcutaneous If the patient does not respond in 15 minutes, may give 1-2 more doses.
Glucose Tablet	15 grams orally, may repeat in 15 minutes if hypoglycemic symptoms do not resolve	15 grams orally, may repeat in 15 minutes if hypoglycemic symptoms do not resolve
**Ammonia Inhalants Not required	Crack open one (1) capsule	Same as adult.
**Lidocaine 1% HCL Inj. USP 10 mg/ml (50ml MDK) Not required	Use only the 10% solution for IM injection. 300 mg in deltoid or thigh muscle.	Individualize
**Sodium Chloride 0.9% Injection USP (1000 ML) Not required	125 drop / minute	Depends on age: 40 drops / Minute / 1 – 4 years old 60 drops / Minute / 5 – 10 years old

*Only one emergency medication strength or route required **not required, optional emergency medications only

Approved by MD _____ (signature)