



**Preparation and Dosing of Push Dose Epinephrine -  
Pediatric**

Revised: \_\_\_\_\_

**INDICATIONS:**

1. Suspected Septic Shock unresponsive to fluid resuscitation.
2. Distributive (spinal) Shock unresponsive to fluid resuscitation.
3. Cardiogenic Shock unresponsive to initial fluid challenge (20 mL/kg up to maximum dose of 250 mL normal saline) or presenting with evidence of pulmonary edema (pulmonary basilar rales).

**CONTRAINDICATIONS:**

1. Hypovolemic Shock prior to fluid resuscitation and volume replacement
  - a. Examples include hemorrhage or severe vomiting/diarrhea with dehydration
2. Non-shock (perfusing) states
3. Suspected stimulant drug intoxication

**PROCEDURE:**

**Base Hospital contact and order required.**

1. Initiate fluid resuscitation with 20 mL/kg IV or IO bolus up to maximum dose of 250 mL. If no response and it appears that PDE would be indicated, make base hospital contact for PDE order.
2. If patient is experiencing cardiogenic shock with pulmonary edema, do not administer fluids but go directly to base hospital contact.
3. Paramedics may prepare PDE dose prior to base hospital contact but cannot administer medication without base hospital contact and order.

**Mixing instructions:**

- Take the epinephrine preparation of 1 mg in 10 mL (0.1 mg/mL - cardiac epinephrine) and waste 9 mL of the epinephrine solution.
- Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
- Mixture now provides 10 mL of epinephrine at a 10 mcg/mL concentration.

**Push Dose:**

- 0.1 ml/kg of above solution (0.001 mg/kg) IV/IO.
- Maximum single dose 1.0 ml of above solution (0.01 mg or 10 mcg).
- May repeat dose every 3 minutes.
- Titrate to a SBP > 70 + age in years X 2 for age up to 10 years.
- For ages of 10 or more, titrate to a SBP > 90.

Approved:

*Carl Schmitt, MD*

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