

# **RIE ED Emergency Drug Chart**

<b>Drug</b>	<b>Vial Concentration</b>	<b>Indication/ Dose</b>	<b>Concentration for Delivery</b>	<b>Method of Delivery</b>
<b>Adrenaline</b>	1mg in 1ml (1:1000)	Shock from multiple aetiologies	<b>"8mg%" = 4ml/mg made up to 50ml with saline</b>	Titrate to pulse/Bp, start at <b>10ml/hr</b>
<b>Alteplase</b>	50mg	<i>Massive PE: 2 vials For patients &lt;65kg max dose 1.5mg/kg</i>  <i>Stroke: 0.9mg/kg. Maximum dose 90mg</i>	<i>PE: Dissolve each vial in 25ml solvent (water) = 2mg/ml</i>  <i>Stroke: Dissolve each vial in 50ml water = 1mg/ml</i>	<i>PE: Bolus 5ml/10mg over 1-2 mins then infusion of 45ml/90mg over 2 hours</i>  <i>Stroke: Bolus 10% of total dose over 2 mins then infusion of remaining dose over 60 mins</i>
<b>Aminophylline</b>	250mg in 10ml	Acute Life-threatening asthma: <i>Loading dose: 5mg/kg</i>  <i>Maintenance Dose: 0.5mg/kg/hr</i>	Make up to <b>1mg/ml: 1 vial in 250ml or 2 vials in 500ml saline</b>	<b>Loading dose:</b> Infuse weight-specific dose over <b>20 mins</b>  <b>Maintenance dose:</b> give as continuous infusion
<b>Dobutamine</b>	250mg in 20ml	Cardiogenic shock: <b>0.5-1mg/minute</b>	Make up <b>1 vial to 250ml</b> with saline = <b>1mg/ml</b>	Titrate to pulse/Bp, start at <b>0.5ml/minute</b>
<b>Ephedrine</b>	30mg in 1 ml (1ml vial)	Anaesthetic hypotension: Aliquots of <b>3mg</b>	Make up to <b>10ml</b> with saline = <b>3mg/ml</b>	Give measured aliquots of <b>1ml/3mg</b> every <b>5 minutes</b> to BP effect
<b>Isoprenaline</b>	2.25mg in 2ml vial	Complete heart block / life threatening bradyarrhythmias	<b>1 vial</b> added to <b>500ml</b> dextrose or saline	Infuse titrated to pulse/BP. Start rate at approx <b>1ml/min</b>
<b>Ketamine</b>	50mg/ml in 10ml vial	Rarely for anaesthetic induction ( <b>2mg/kg IV</b> )  analgesia / procedural sedation ( <b>0.5-1mg.kg IV; 1-2mg/kg IM use neat</b> )	Dilute <b>4mls/200mg</b> up to <b>20ml</b> with saline = <b>10mg/ml</b>  <b>For IM use neat 50mg/ml</b>	Give as IV push-effect in <b>1-2 minutes. IM effect may take 10 minutes</b>
<b>Magnesium Sulphate</b>	1g in 2ml vial = 4mmol	Life-threatening asthma: <b>2g over 20 minutes</b>  <i>Eclampsia: 4-6g over 15-20 minutes</i>	<i>Asthma: 2 vials into 100ml saline = 1g/50 ml</i>  <i>Eclampsia: 4 vials made up to 20ml with saline = 1g/5ml</i>	Deliver doses for either indication over <b>15-20 minutes</b>
<b>Metaraminol</b>	10mg in 1ml vial	Anaesthetic hypotension: Aliquots of <b>0.5mg</b>	<b>1 vial</b> made up to <b>20 ml</b> with saline = <b>0.5mg/ml</b>	Give measured aliquots of <b>1ml/0.5mg</b> every <b>5 minutes</b> to BP effect
<b>Noradrenaline</b>	1mg/ml in 5ml vial	Septic/distributive shock	<b>"8mg%" = 4ml/4mg made up to 50ml with saline</b>	Titrate to BP, start at <b>10ml/hr</b>
<b>Phenytoin</b>	250mg in 5ml	Status epilepticus: Loading dose <b>20mg/kg</b>	Dilute in <b>saline</b> to max concentration of <b>10mg/ml</b>	Infuse at a rate of <b>1g/hour</b>
<b>Tranexamic Acid</b>	500mg in 5ml vial	Trauma that may require transfusion. <b>MUST</b> be given <b>within 3 hours</b> of event	<i>Bolus: 2 vials into 100ml saline</i> <i>Infusion: 2 vials in 500ml saline</i>	Initial bolus of <b>1g</b> over <b>10 minutes</b> followed by infusion of <b>1g</b> over <b>8 hours</b>