

\*\*\* Please confirm all dosages with manufacturer of actual medications on site\*\*\*

## Emergency medications dosage chart – sample

Rx name	Adults	Pediatrics										
<p><b>Albuterol sulfate</b><sup>1</sup> inhalation solution (0.0836% - 2.5 mg/ 3 ml)</p> <p><b>Albuterol sulfate</b><sup>1</sup> inhalation aerosol metered dose (90 mcg/actuation)</p>	<p>2.5mg to 5mg every 20 minutes for 3 doses, then 2.5 mg to 10 mg every 1 to 4 hours PRN.</p> <p>4 to 8 inhalations every 20 minutes for up to 4 hours, then 1 to 4 hours PRN.</p>	<p><b>Children:</b> 2.5 mg to 5 mg every 20 minutes for 3 doses, then 2.5 mg to 10 mg every 1 to 4 hours PRN.</p> <p><b>Infant:</b> 2.5 mg every 20 minutes for the first hour PRN; if there is rapid response, can change to every 3 to 4 hours PRN.</p> <p><b>Children:</b> 2 to 10 inhalations every 20 minutes for 2 to 3 doses; if rapid response, can change to every 3 to 4 hours PRN.</p> <p><b>Infant:</b> 2 to 6 inhalations every 20 minutes for 2 to 3 doses; if there is rapid response, can change to every 3 to 4 hours PRN.</p>										
<p><b>Chewable aspirin</b> 81 mg (not enteric coated)</p>	<p><b>For myocardial infarction (MI):</b> Chew 2 to 4 tablets upon presentation or within 48 hours of stroke.</p>	<p><b>For myocardial infarction (MI):</b> Chew 2 to 4 tablets upon presentation or within 48 hours of stroke. *Aspirin is not recommended for patients less than 18 years of age who are recovering from chickenpox or flu symptoms due to association with Reye syndrome.</p>										
<p><b>Benadryl</b><sup>1</sup> HCL injection, USP (50 mg/ml)</p>	<p>10 mg to 50 mg IV/IM (not to exceed 400 mg/day) If IV route, IV push at a rate of ≤25 mg/min.</p>	<p><b>Children:</b> 1 to 2 mg/kg/dose IV/IM (not to exceed 50 mg/dose). If IV route, IV push at a rate of ≤25 mg/min.</p> <p><b>Infant:</b> 1 to 2 mg/kg/dose IV/IM (not to exceed 50 mg/dose).</p>										
<p><b>Benadryl</b><sup>2</sup> liquid 12.5 mg/5 ml</p>	<p>25 to 50 mg every 4 to 6 hours; max 300 mg/day.</p>	<p><b>Child weight (pound):</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">lbs</td> <td style="padding: 2px;">20 to 24</td> <td style="padding: 2px;">25 to 37</td> <td style="padding: 2px;">38 to 49</td> <td style="padding: 2px;">50 to 99</td> </tr> <tr> <td style="padding: 2px;">ml</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">7.5</td> <td style="padding: 2px;">10</td> </tr> </table>	lbs	20 to 24	25 to 37	38 to 49	50 to 99	ml	4	5	7.5	10
lbs	20 to 24	25 to 37	38 to 49	50 to 99								
ml	4	5	7.5	10								
<p><b>Benadryl</b><sup>1</sup> chewable 12.5 mg</p>	<p>2 to 4 chewable tablets every 4 to 6 hours.</p>	<p><b>Child weight (pound):</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">lbs</td> <td style="padding: 2px;">20 to 24</td> <td style="padding: 2px;">25 to 37</td> <td style="padding: 2px;">38 to 49</td> <td style="padding: 2px;">50 to 99</td> </tr> <tr> <td style="padding: 2px;">tablet</td> <td style="padding: 2px;">N/A</td> <td style="padding: 2px;">1</td> <td style="padding: 2px;">1 ½</td> <td style="padding: 2px;">2</td> </tr> </table>	lbs	20 to 24	25 to 37	38 to 49	50 to 99	tablet	N/A	1	1 ½	2
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tablet	N/A	1	1 ½	2								
<p><b>Benadryl</b><sup>1</sup> tablet 25 mg (Oral)</p>	<p>Take 25 mg to 50mg by mouth.</p>	<p>Not preferred. Refer to parenteral route or oral solution.</p>										
<p><b>Epinephrine</b><sup>1</sup> injection, 1:1,000 (1 mg/ml)</p>	<p>0.3 to 0.5 mg IM may repeat every 5 to 10 minutes.</p>	<p>0.01 mg/kg IM (up to maximum of 0.3 mg). May repeat every 5 to 10 minutes as needed.</p>										

Rx name	Adults	Pediatrics
<b>Epinephrine<sup>2</sup></b> injection, 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 once.	<b>Infant:</b> 0.05 mg IV slowly once, may repeat at 20 to 30 minute intervals as needed. <b>Neonates:</b> 0.01 mg/kg of body weight IV slowly once.
<b>Epinephrine<sup>1</sup></b> Injection, USP auto-injector: <b>Epipen Jr</b> (Epinephrine 0.15 mg) <b>Epipen</b> (Epinephrine 0.3 mg)  <b>Auvi Q</b> (Epinephrine 0.1 mg, 0.15 mg, 0.3 mg)	<b>&gt; 66 lbs:</b> 0.3 mg/dose IM or subcutaneous into the anterolateral aspect of the thigh.  <b>&gt; 66 lbs:</b> 0.3mg IM or subcutaneous into anterolateral aspect of the thigh, through clothing if necessary.	<b>33 to 66 lbs:</b> 0.15 mg/dose IM or subcutaneous into the anterolateral aspect of the thigh. <b>&lt; 33 lbs:</b> Not recommended.  <b>33 to 66 lbs:</b> 0.15mg IM or subcutaneous into anterolateral aspect of the thigh, through clothing if necessary. <b>16.5 - 33 lbs:</b> 0.1mg IM or subcutaneous into anterolateral aspect of the thigh, through clothing if necessary.
<b>Naloxone (Narcan)<sup>1</sup></b> injection solution injection (0.4, or 1 mg/mL):  <b>Naloxone</b> auto injector (Evzio) (2 mg in 0.4 ml)  <b>Naloxone</b> nasal spray (4 mg/actuation)	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.  2 mg IM or subcutaneous into the anterolateral aspect of the thigh, may repeat same dose after 2 to 3 minutes.  Spray 4 mg into 1 nostril. If desired response is not achieved after 2 to 3 minutes, give a second dose intranasally into alternate nostril.	0.01 mg/kg IV, IM or subcutaneous, may repeat dose every 2 to 3 minutes as needed.  2 mg IM or subcutaneous into the anterolateral aspect of the thigh, may repeat same dose after 2 to 3 minutes. (Under 1 year old, thigh muscle should be pinched while administering injection).  Spray 4 mg into 1 nostril. If desired response is not achieved after 2 to 3 minutes, give a second dose intranasally into alternate nostril.
<b>Nitrostat (Nitroglycerin) SL</b> tablets (0.3 mg or 0.4 mg)  <b>Nitroglycerin spray</b> (0.4 mg)	0.3 mg to 0.4 mg sublingually or in buccal pouch at onset, may repeat in 5 minutes; max 3 tabs in 15 minutes. Prophylaxis: 5 to 10 minutes before activity.  Spray 0.4 mg (1 spray) sublingually every 5 minutes up to 3 doses.	Not recommended.
<b>Glucagon</b> for injection (emergency medication for low blood sugar) 1 mg (1 unit)	<b>&lt; 20kg:</b> 0.5 mg or 20 to 30 mcg/kg IM, IV or subcutaneous. <b>&gt; 20 kg:</b> 1 mg IM, IV or subcutaneous.	<b>&lt; 20 kg:</b> 0.5 mg or 20 to 30 mcg/kg IM, IV or subcutaneous <b>&gt; 20 kg:</b> 1 mg IM, IV or subcutaneous (If the patient does not respond in 15 minutes, may give 1 to 2 more doses).

<b>Rx name</b>	<b>Adults</b>	<b>Pediatrics</b>
<b>Glucose tablet</b>	If the patient does not respond in 15 minutes, may give 1 to 2 more doses.  15 gm (3 to 4 tablets) by mouth, may repeat in 15 minutes if hypoglycemic symptoms do not resolve.	<b>Children:</b> 10 gm to 20 gm (0.3gm/kg) by mouth, may repeat in 15 minutes if hypoglycemic symptoms do not resolve. <b>Infant:</b> Not preferred. Parenteral route recommended (IV dextrose or IM glucagon).
<b>Ammonia<sup>2</sup> inhalants</b>	Crack open one (1) capsule.	Same as adult.
<b>Lidocaine<sup>2</sup> 1% HCL Inj. USP 10 mg/ml (50 ml MDK)</b>	Use only the 10% solution for IM injection. 300 mg in deltoid or thigh muscle.	Individualize.
<b>Sodium chloride<sup>2</sup> 0.9% Injection USP (1000 mL)</b>	125 drops / minute	<b>Depends on age:</b> <b>1 to 4 years old:</b> 40 drops/minute <b>5 to 10 years old:</b> 60 drops/minute
<b>Solu-Medrol<sup>2</sup> 125 mg/ml injection, USP 2 ml single dose vial</b>	<b>Initial dosage:</b> 10 to 40 mg IV, IM	<b>Initial dosage:</b> 0.11 to 1.6 mg/kg/day in 3 to 4 divided doses IV,IM
<b>Oxygen</b> delivery system – tank at least three-quarters full	Can consider any oxygen delivery systems if appropriate.	<b>Children:</b> Nasal prongs or nasal catheters preferred; can consider face mask, bead box, or incubator for older children. <b>Infant:</b> Nasal prongs or nasal catheters preferred.
<b>Oxygen</b> delivered 6 to 8 L/minute	6 to 8 L/minute	<b>Children:</b> 1 to 4 L/minute <b>Infant:</b> 1 to 2 L/minute

<sup>1</sup> Only one emergency medication strength or route required.

<sup>2</sup> Not required; optional emergency medications only.

The material in this document is a knowledge-sharing tool provided by the FSR team to enhance compliance with Facility Site Review requirements. All content is for informational purposes and may be used and/or modified according to site-specific practices. Ensure appropriate review and approval by site management prior to adoption.

# Management of Anaphylaxis

(EXTREMELY RARE REACTION TO IMMUNIZATIONS)

Anaphylaxis, a potentially life-threatening acute systemic allergic reaction to a foreign substance, is extremely uncommon after immunization. Nonetheless, immunization clinic staff should have basic knowledge on how to recognize and initiate “first-aid” treatment of this reaction.

Anaphylaxis must be distinguished from simple fainting (vasovagal syncope) which can occur before, during or shortly after injection. Persons experiencing this reaction may become pale and feel faint, or they may suddenly collapse unconscious but with a steady pulse and normal respiration.

- Persons feeling faint should lie flat or sit in the head-down position for several minutes.
- Person who faint completely should be placed flat with the feet (not the head) somewhat elevated. After they regain consciousness, they should be allowed to rest in a quiet area for 10 minutes.

Anaphylaxis usually begins at least several minutes after injection of an offending substance. Initial symptoms typically include several of the follow: sneezing, coughing, itching, “pins and needles” sensation of the skin, flushing, facial edema, urticaria (“hives”), and anxiety. In severe cases, these symptoms may be followed by progressive dyspnea (with or without audible wheezing or stridor due to lower and/or upper airway narrowing) and/or hypotension which may progress to shock and collapse, with a weak and fast or irregular pulse.

The following is a guideline for IMMEDIATE “first aid” medical treatment of anaphylaxis that should be given in immunization clinics where more sophisticated medical attention and equipment (oxygen, intravenous medication, etc....) are not immediately available.

Nurses can legally initiate these emergency treatment measures (Business and Professions Code 2725d):

1. Call emergency medical / paramedic staff.
2. Apply tourniquet lightly (not so tight as to stop arterial pulse) above injection site, unless this is impossible (as in deltoid or gluteal area injection).
3. Inject intramuscularly into the deltoid (not in the same are as the vaccine injection) **aqueous 1:1000 epinephrine (adrenaline)** according to the following approximate dosage:

< 12 months	0.05 ml
1-4 years old	0.15 ml
5-9 years old	0.3 ml
>10 years old	0.5 ml

If no improvement occurs within 3-4 minutes, repeat this intramuscular dose. Monitor respiration, pulse, and (if a sphygmomanometer is available) blood pressure. The same epinephrine dose can be repeated every 10-15 minutes, if needed.

4. As an adjunct to epinephrine (but not a replacement), **Benadryl (diphenhydramine hydrochloride), 50 mg/ml**, can be given once intramuscularly (at a different site than the epinephrine) in the following approximate dosage:

Under age 2 years	0.25 ml
Ages 2-4 years	0.5 ml
Ages 5-11 years	1.0 ml
>Age 12 years and Adults	2.0 ml