

ADULT CODE BLUE DRUGS			
DRUG & CONC.	DOSE	FREQUENCY	COMMENTS
Adenosine 3 mg/ml vial	6 mg IVP	x 1 dose; If no response after 1-2 min, may repeat 12 mg IV x2 doses	Give VERY RAPID IVP over 1-3 sec. followed by 20 ml saline flush.
Amiodarone 50 mg/ml vial	Pulseless VT or VF: 300 mg IVP. After IVP, Flush with 20 ml of D5W or NS. Stable VT: 150 mg IV over 10 min	May repeat with 150 mg IVP if needed. Flush with 20 ml of D5W/NS Continuous infusion: Bolus 150 mg over 10 min, then start drip. 1 mg/min for first 6 hrs, then decrease to 0.5 mg/min X 18 hrs.	Standard drip = Load: 150 mg/100 ml D5W Infusion: 450 mg/250 ml D5W (Braun bag) MAX CUMULATIVE DOSE = 2.2 gm in 24 hrs
Atropine 0.1 mg/ml syringe	Symptomatic bradycardia: 0.5 mg IVP Asystole/PEA: 1 mg IVP	May repeat dose every 3-5 min	Watch for Vfib or tachycardia MAX CUMULATIVE DOSE = 0.04 mg/kg
Calcium Chloride 100 mg/ml vial	1-2 g IVP	May repeat every 10 min PRN	DO NOT MIX WITH SODIUM BICARB. Contraindicated in Vfib.
Diltiazem 5 mg/ml vial	Afib/SVT: 0.25 mg/kg IV over 2 min	May repeat in 15 min at 0.35 mg/kg IV Continuous infusion: 5-15 mg/hr	Standard drip = Add 125 mg to 100 ml D5W Total volume = 125 ml (Final Conc. = 1 mg/ml)
Dobutamine 12.5 mg/ml vial	Initial: 2-5 mcg/kg/min	Continuous infusion: Titrate to effect up to 20 mcg/kg/min	Standard drip = 500 mg/250 ml D5W (pre-mix)
Dopamine 40 mg/ml vial	5-20 mcg/kg/min	Continuous infusion: 5-10 mcg/kg/min to increase cardiac output; 10-20 mcg/kg/min for peripheral vasoconstriction	Standard drip = 800 mg/250 ml D5W (pre-mix) MAX RATE = 50 mcg/kg/min
Epinephrine 0.1 mg/ml (1 mg/10 ml syringe) AND 1 mg/ml (1:1000) vial	Pulseless VT/VF, PEA: 1 mg IVP 1-10 mcg/min	Every 3-5 min PRN Continuous infusion: Titrate to response.	Actions depressed in acidosis. Standard drip = 4 mg/250 ml D5W

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Etomidate 2 mg/ml vial	0.3 mg/kg IVP	x1 dose pre-intubation	
Isoproterenol 0.2 mg/ml amp	2-10 mcg/min	Continuous infusion Titrate to response.	Standard drip = 1 mg/ 500 ml D5W
Lidocaine 20 mg/ml syringe	Pulseless VT or VF: 1-1.5 mg/kg IV Stable VT: 0.5-0.75 mg/kg IV	May repeat 0.5-0.75 mg/kg every 5-10 min (Max dose 3 mg/kg) Continuous infusion: 1-4 mg/min	Standard drip = 2 g/250 ml D5W (pre-mix)
Magnesium Sulfate 500 mg/ml vial	1-2 g in 10 ml D5W slow IVP over 5 min	May follow with Continuous infusion: 0.5-1 g/hr	Available as 1g or 2g pre-mix IVPB.
Naloxone 0.4 mg/ml vial	40-80 mcg IVP	Repeat every 30-60 seconds; if no response after 1 mg consider other causes	Dilute 0.4 mg with 9 ml NS in 10 ml syringe to give 40 mcg/ml conc.
Nitroglycerin 400 mcg/ml bottle	10-20 mcg/min	Continuous infusion: Can increase by 5-10 mcg every 5-10 minutes.	Standard drip = 100 mg/250 ml D5W (pre-mix in glass bottle) MAX RATE = 200 mcg/min
Norepinephrine 1 mg/ml vial	Usual dose 2-12 mcg/min IV	Continuous infusion: 0.5-30 mcg/min Titrate to response.	Standard drip = 4 mg/250 ml D5W (16 mcg/ml)
Phenylephrine 10 mg/ml vial	Initial: 100-200 mcg/min	Continuous infusion: Usual maintenance dose is 40-60 mcg/min. Titrate to response.	Standard drip = 20 mg/250 ml NS (80 mcg/ml) MAX RATE = 300 mcg/min
Phenytoin 50 mg/ml vial	Loading Dose 20 mg/kg IV	May give 1 gm in 100 mL NS over 20-60 min Usual Maintenance Dose: 100 mg IV Q8H	Use 0.22 micron in-line filter for IVPB administration. MAX RATE = 50 mg/min

NOTE: Intraosseus (IO) doses are the same as IV doses. All drugs that can be administered IV may be administered IO. IO route is preferred over ET tube administration.

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Procainamide 100 mg/ml vial	20 mg/min	Continuous infusion: Continue 20 mg/min until arrhythmia suppressed, hypotension, QRS widens by 50%, OR total of 17 mg/kg given, then decrease to 1-4 mg/min.	Standard Drip = 1 g/250 ml D5W MAX RATE = 20 mg/min.
Propofol 10 mg/ml vial	1-2.5 mg/kg IVP	x 1 dose pre-intubation Continuous infusion: 5-50 mcg/kg/min	Standard Drip = 1000 mg in 100 ml (pre-mix in glass bottle)
Rocuronium 10 mg/ml vial	0.6 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker
Sodium Bicarbonate 1 mEq/ml syringe	1 mEq/kg IVP	May repeat ≤ 0.5 mEq/kg IVP every 10 min. during continued cardiac arrest	INCOMPATIBLE with many other medications.
Succinylcholine 20 mg/ml vial	1-1.5 mg/kg IVP	x1 dose pre-intubation	Neuromuscular blocker
Vasopressin 20 units/ml vial	40 units IVP	x1 dose (to replace 1st or 2nd Epi dose) Continuous infusion: 0.01-0.04 units/min	May use Epi if no response after 10-20 min Standard Drip = 100 units /100 ml NS or D5W
Vecuronium 10 mg vial	0.1 mg/kg IVP	x1 dose	Neuromuscular blocker Recon. with 10 ml NS (concentration = 1 mg/ml)
Verapamil 2.5 mg/ml vial	2.5-5 mg IV over 2-3 min	May repeat 5-10 mg every 15-30 min	CAUTION WITH BETA BLOCKER USE MAX DOSE = 20 mg

NOTE: Please use clinical judgment when making treatment decisions. While every attempt has been made to ensure the accuracy of the information provided on this card, the user of this card assumes all responsibility for its use.

Y- Site Injectable Drug Compatibility Table

	Amiodarone	Atropine	Calcium Chloride	Diltiazem	Dobutamine	Dopamine	Epinephrine	Heparin	Insulin	Isoproterenol	Labetalol	Lidocaine	Magnesium	Nitroglycerin	Nitroprusside	Norepinephrine	Phenylephrine	Procainamide	Propofol	Sodium Bicarb	Vasopressin	
Amiodarone	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Atropine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Calcium Chloride	C	C	C	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	I	I	C
Diltiazem	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Dobutamine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Dopamine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Epinephrine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Heparin	I	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Insulin	C	C	C	C	C	C	C	C	C	I	I	C	C	C	C	C	C	C	C	C	C	C
Isoproterenol	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	I	C
Labetalol	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C
Lidocaine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Magnesium	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Nitroglycerin	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Nitroprusside	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Norepinephrine	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	I	C
Phenylephrine	C	C	C	C	C	C	C	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C
Procainamide	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Propofol	C	C	I	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Sodium Bicarb	I	C	I	C	I	C	C	C	C	I	C	C	C	C	C	I	C	C	C	C	C	C
Vasopressin	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C

C = Compatible I = Incompatible □ = No Info / Variable

Drip Rate Calculation

$$\text{ml/hr} = \frac{\text{weight (kg)} \times \text{dose (mcg/kg/min)} \times 60 \text{ min}}{\text{concentration (mcg/ml)} \times \text{hr}}$$

*** Caution: Use patient's weight only if drug is dosed as mcg/kg/min ***

PEDIATRIC CODE BLUE DRUGS

DRUG & CONC.	DOSE	FREQUENCY	COMMENTS
Adenosine 3 mg/mL vial	0.1 mg/kg IV/IO (max 6 mg)	x 1 dose; If no response after 1-2 min, may repeat 0.2 mg/kg (max 12 mg)	Give VERY RAPID IV bolus over 1-3 sec. followed by saline flush.
Amiodarone 50 mg/mL vial	5 mg/kg IV/IO	repeat up to 15 mg/kg (max 300 mg)	Monitor ECG and blood pressure
Atropine 0.1 mg/mL syringe	0.02 mg/kg IV/IO (0.2 mL/kg) 0.03 mg/kg ETT	repeat x 1 if needed	MIN dose: 0.1 mg MAX single dose: child 0.5 mg adolescent 1 mg
Calcium Chloride (10%) 100 mg/mL vial	20 mg/kg IV/IO (0.2 mL/kg)		DO NOT MIX WITH SODIUM BICARB. Central line preferred
Dextrose 50% 50 mL prefilled syringe	0.5-1 g/kg IV/IO		D ₁₀ W: 5-10 mL/kg D ₂₅ W: 2-4 mL/kg D ₅₀ W: 1-2 mL/kg *use only D₁₀W in neonates
Dobutamine 12.5 mg/mL vial	2-20 mcg/kg/min	Continuous infusion: Titrate to effect up to 20 mcg/kg/min	Standard PEDI drip = ≤ 5kg: 50 mg/50 mL D ₅ W (syringe) > 5kg: 500 mg/250 mL D ₅ W (premixed)
Dopamine 40 mg/mL vial	5-20 mcg/kg/min	Continuous infusion: 5-10 mcg/kg/min to increase cardiac output; 10-20 mcg/kg/min for peripheral vasoconstriction	Standard PEDI drip = ≤ 5kg: 50 mg/50 mL D ₅ W (syringe) > 5kg: 800 mg/250 mL D ₅ W (premixed)
Epinephrine 0.1 mg/mL syringe (1:10000) AND 1 mg/mL vial (1:1000)	0.01 mg/kg IV/IO (0.1 mL/kg 1:10000) 0.1 mg/kg ETT* (0.1 mL/kg 1:1000)	Every 3-5 min PRN	MAX DOSE: 1 mg IV/IO; 10 mg ETT
	0.1-1 mcg/kg/min	Continuous infusion: Titrate to response.	Standard PEDI drip ≤ 5kg: 1 mg/50 mL D ₅ W (conc = 20 mcg/mL) > 5kg: 2 mg/50 mL NS (conc = 40 mcg/mL) (syringe)

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Lidocaine 20 mg/mL syringe	1 mg/kg IV/IO 2-3 mg/kg ETT	Continuous infusion: 20-50 mcg/kg/min	Standard drip = 2 g/250 mL D ₅ W (Pre-mix) MAX DOSE: 100 mg IV/IO
Magnesium Sulfate 500 mg/mL vial	25-50 mg/kg IV/IO over 10-20 min (faster in torsades)		Available as 1g or 2g pre-mix IVPB. MAX DOSE: 2 g
Milrinone 1 mg/mL vial	50-75 mcg/kg bolus over 10 min	Continuous infusion: 0.5-0.75 mcg/kg/min	Standard PEDI drip = ≤ 5kg: 5 mg/50 mL D ₅ W (conc = 100 mcg/mL) > 5kg: 10 mg/50 mL NS (conc = 200 mcg/mL) (syringe)
Naloxone 0.4 mg/mL vial	< 5 y or ≤ 20 kg: 0.1 mg/kg IV/ETT ≥ 5 y or > 20 kg: 2 mg IV/ETT	Repeat every 2-3 minutes as needed	Do not give to newborns of narcotic dependent mothers, may precipitate seizures
Norepinephrine 1 mg/mL vial	0.1-2 mcg/kg/min	Continuous infusion: Titrate to response.	Standard PEDI drip = ≤ 5kg: 2 mg/50 mL NS (conc = 40 mcg/mL) > 5kg: 4 mg/50 mL NS (conc = 80 mcg/mL) (syringe)
Procainamide 100 mg/mL vial	15 mg/kg IV/IO over 30-60 min		Monitor for hypotension prolongation of QT interval, heart block
Sodium Bicarbonate 1 mEq/mL syringe	1 mEq/kg slow IVP/IO		After adequate ventilation. INCOMPATIBLE with many other medications.
Sodium Nitroprusside 25 mg/mL vial	1-8 mcg/kg/min	Continuous infusion: Titrate to response.	Prepare only in D₅W
Vasopressin 20 units/mL vial		Continuous infusion: For diabetes insipidus, 0.0005-0.002 units/kg/hr	Standard PEDI drip = 10 units/100 mL NS (conc = 0.1 units/mL) MAX RATE: 0.01 units/kg/hr

*For doses given via Endotracheal Tube (ETT), flush with 5 mL NS and follow with 5 ventilations.

*** NOTE: For head injuries, prepare drips in Normal Saline. ***