Medicines Use Guidance

Adrenaline 1:100,000 Post ROSC Hypotension

Clinical Details	
Define situation/condition	**Management and treatment regime of post ROSC uncorrected hypotension**
Criteria for Inclusion	**UNDER THE GUIDANCE AND PERMISSION OF THE CLINICAL ADVICE LINE (CAL) 01234 779203:** • Post ROSC patients where fluid boluses (up to 1000mls) have failed to correct hypotension (<90mmHg systolic)
Criteria for Exclusion	<18 years of age BP >90mmHg systolic. At 90mmHg systolic, pressure is sufficient to maintain CPP, ICP and perfusion of kidneys and liver.
Cautions	Heart disease, hypertension, arrhythmias, cerebrovascular disease, elderly patients
Action if patient excluded	Continue with normal post ROSC treatment considerations
Action if patient declines	n/a

Description of Treatment	
Name and form of medicine	Adrenaline 1:100,000 = 10mcg/ml (diluted from 1mg, 1:10,000, see below for instructions)
Legal Status P/POM/GSL	Schedule 17, Human Medicines Regulations 2012

Licensed or Unlicensed	Unlicensed
Route of Administration/Method of Administration	Given IV / IO in 1-2 ml boluses (a dose of 10-20mcg) as necessary to achieve desired effect every 3-5 mins To prepare the correct concentration, draw 1ml (100mcg) of 1:10,000 Adrenaline in to a 10ml syringe. This is best achieved by utilising a 3-way tap. Attach the empty syringe to one of administration ports and the Adrenaline to one of the others and draw it through. Dilute with 9mls NaCl to make a 10ml Adrenaline solution. This will now have 100mcg diluted to 10 mls achieving: **10mcgs per ml** **Syringe must then be labelled showing contents and dose per ml**
Dose	1-2 mls, 10-20 mcgs bolus doses
Frequency	Given every 3-5 mins to achieve and maintain the desired 90mmHg systolic BP
Duration of treatment	As required whilst en-route to hospital
Quantity to supply	n/a
Adverse Effects	Arrhythmias, hypertension, tachycardia, dizziness, palpations, vomiting, dyspnoea, pulmonary oedema, headache, tremor, restlessness
Written/verbal advice for patient/carer before/after treatment,	• **Clinicians must call the CAL for permission to give.** This is to provide oversight and support of the rational for administration, offer guidance and support for drawing up and confirm intended next steps.
Information on follow up treatment if needed	The patient must be conveyed to hospital A full patient record must be completed and left with the hospital documenting clearly the use of Adrenaline for post ROSC vasoconstrictor support