



ADENOSINE TRIPHOSPHATE (ADENOCARD)



Escambia County, Florida - ALS/BLS Medical Protocol

ACTIONS

Adenosine exerts its effects by decreasing conduction through the AV node. The half-life of Adenocard (Adenosine) is less than 10 seconds. Thus, its effects, desired and undesired, are self-limited.

INDICATIONS

Adenocard is indicated for paroxysmal supraventricular tachycardia (PSVT), including that associated with accessory bypass tracts (Wolf-Parkinson-White Syndrome). When clinically advisable, valsalva type vagal maneuver should be attempted prior to Adenocard administration.

CONTRAINDICATIONS

Adenocard is contraindicated in second-or third degree AV block and sick sinus syndrome (except in patients with a functioning artificial pacemaker), and known hypersensitivity to adenosine.

WARNINGS

Adenocard may produce a short lasting first, second, or third degree heart block. In extreme cases, transient asystole may result. At the time of conversion to normal sinus rhythm, a variety of new rhythms may appear (PVC's, PAC's, sinus bradycardia, sinus tachycardia, skipped beats, and varying degrees of AV block) and generally last only a few seconds without intervention.

PRECAUTIONS


The effects of adenosine are antagonized by methylxanthines such as caffeine and theophylline. Thus, larger doses of adenosine may be required for adenosine to be



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effective. Adenosine effects are potentiated by dipyridamole (Persantine™). Thus, smaller doses of adenosine may be effective. Adenosine may produce bronchoconstriction in patients with asthma.

ADVERSE REACTIONS AND SIDE EFFECTS

Cardiovascular: Facial flushing, headache, and rarely: sweating, palpitations, chest pain, and hypotension.

Respiratory: Shortness of breath, chest pressure, and rarely: hyperventilating metallic taste, tightness in throat and head pressure.

CNS: Light headedness and rarely: dizziness, blurred vision, tingling and numbness in extremities, apprehension.

DOSAGE

Adult dosage: 6 mg rapid IVP immediately followed by 20 ml NS flush.
Repeat in 2 minutes at 12 mg IVP followed by 20 ml NS flush PRN.


Pediatric dosage: 0.1 mg/kg (max. 6 mg) rapid IVP immediately followed by 6 ml NS flush.
Repeat in 2 minutes, at 0.2 mg/kg (max. 12 mg) rapid IVP followed by 6 ml NS flush PRN.



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