



# Clinical Management Summary

## EDcare : Handbook for Emergency Practice

Available from the Amazon Kindle Bookstore

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Medical knowledge is continually changing in response to research and clinical experience. The authors and peer reviewers have made every effort to ensure the information and drug doses meet with the current standards of medical practice. However, in view of the possibility of human error or changes in practice or local protocols, readers are advised to check the most current information contained provided on procedures or drugs with the manufacturer of each product and their local clinical guidelines to verify the recommended dose or formula, the method and duration of administration and contraindications.

It is the responsibility of the individual clinician, based on their clinical experience and knowledge of each patient to make diagnoses, to determine drug doses and decide on the best treatment for an individual patient and to take all appropriate safety precautions. Neither the authors nor the publisher, assume any liability for any injury and/or damage to persons or property arising out of or related to any use of the material contained in this Clinical Management Summary.

# Emergency Medicine Drugs / Infusions : Adults

Please Note : The tables are a guide to drug dosing. It remains the clinician's responsibility to verify that the doses are appropriate to the patient before administering medications.

<b>M&amp;M Infusion</b> <b>Morphine/Midazolam</b>	Morphine 60mg + Midazolam 60mg diluted with NS to 60 ml
<b>Indication</b>	<b>Sedation of the Intubated patient receiving invasive ventilation</b>
Preparation :	6 x 10 mg ampoules Morphine + 12 x 5 mg ampoules Midazolam Dilute with Normal Saline to a total of 60 ml
Concentration :	1 ml = Morphine 1 mg + Midazolam 1mg
Infusion Rate :	Begin at 5 ml/hour and Titrate to effect
<b>Alert</b>	<b>Suitable only for use in the Intubated patient receiving invasive ventilation</b>

<b>Naloxone</b>	400 mcg/ml
Bolus Dose :	Administer 100 - 200 microgram aliquots every 2 - 5 mins. Titrate to effect
Infusion Rate :	Hourly rate is usually half to two thirds of effective bolus dose, titrate to clinical effect. Gradually reduce dose when stopping infusion instead of stopping suddenly.
Infusion Preparation	Dilute 2 mg (5 ampoules) in 500mL 0.9%NS or Glucose 5%
Concentration :	4 mcg/ml
<b>Alerts :</b>	Care with single large bolus dosing > 200 microgram in opioid dependent patient due to risk or precipitating withdrawal delirium (with risk for violence). Monitor post administration as short half-life may need repeat dose or infusion. Monitor sedation level and respiratory function. Continuous cardiac monitoring. Monitor BP closely.

<b>Noradrenaline</b> <b>Infusion</b>	2mg in 2ml Ampoule      1 mg/ml 4mg in 4ml Vial          1 mg/ml
<b>Vasopressor</b>	
Infusion Preparation	Infusion Pump : Add 6 mg (6 ml of 1:1000) to 100ml of 5% glucose Syringe Driver : Add 3 mg (3 ml of 1:1000) to 50ml of 5% glucose
Concentration :	60 mcg/ml
Infusion Rate :	Commence at 1 - 2 ml/hour (1 – 2 mcg/min) and titrate to MAP > 65 mmHg
<b>Alerts :</b>	It is safe to commence the infusion (for up to 6 - 8 hours) using a large peripheral vein (eg cubital fossa) and administer using the IO route Titrate down slowly. Avoid abrupt cessation of infusion Incompatible with Normal Saline