Emergency Medications Dosage Chart - Sample

This document is a knowledge-sharing tool provided by the FSR team to improve compliance with DHCS Facility Site Review requirements. It is for informational purposes and may be used and/or modified according to site specific practices. All medications (required or optional) in the emergency kit shall be included in the dosage chart. **Clinic management shall review and approve all contents in this document prior to adoption.**

*** Please confirm all dosages with the manufacturer for all medications administered on site***

Rx name	Adults	Pediatrics
Albuterol sulfate* Inhalation solution (0.0836% - 2.5 mg/ 3 ml)	2.5mg to 5mg every 20 minutes for 3 doses, then 2.5 mg to 10 mg every 1 to 4 hours PRN	Children: 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. Infants & Neonates: 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.
Inhalation aerosol metered dose (90 mcg/actuation)	4 to 8 inhalations every 20 minutes for up to 4 hours, then 1 to 4 hours PRN	Children: 2 to 10 inhalations every 20 minutes for 2 to 3 doses; if rapid response, can change to every 3 to 4 hours PRN. Infants & Neonates: 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.
Aspirin* Chewable tablet 81 mg (Not enteric coated)	For myocardial infarction (MI): Chew 2 to 4 tablets upon presentation or within 48 hours of stroke.	For myocardial infarction (MI): Chew 2 to 4 tablets upon presentation or within 48 hours of stroke. Not recommended for patients less than 18 years of age who are recovering from chickenpox or flu-like symptoms.
Tablet 325 mg (Not enteric coated)	Chew ½ or 1 tablet upon presentation or within 48 hours of stroke	Chew ½ or 1 tablet upon presentation or within 48 hours of stroke. Not recommended for patients less than 18 years of age who are recovering from chickenpox or flu-like symptoms.
Diphenhydramine HCL Injection, USP (50 mg/ml)**	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.	Children: 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. Infants: 1 to 2 mg/kg/dose IV/IM (not to exceed 50 mg/dose). Neonates (≤ 4 weeks)/premature infants: NOT RECOMMENDED
Liquid (12.5 mg/5 ml)	25 to 50 mg every 4 to 6 hours; max 300 mg/day	Children: weight in pounds Ibs 20 to 25 to 38 to 50 to 24 37 49 99 ml

Rx name	Adults	Pediatrics
Diphenhydramine HCL (continued) Chewable Tablets (12.5 mg)	2 to 4 chewable tablets every 4 to 6 hours	Children: weight in pounds Ibs
chowable rablets (12.6 mg)		tablet N/A 1 1½ 2 DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS. Do not use with any other medicine with diphenhydramine in it.
Tablets (25 mg)	Take 25 to 50 mg by mouth	Under 2 years old: NOT RECOMMENDED NOT RECOMMENDED. Refer to parenteral route or oral solution.
Epinephrine Injection, 1:1,000 (1 mg/ml)**	0.3 to 0.5 mg IM may repeat every 5 to 10 minutes.	0.01 mg/kg IM (up to maximum of 0.3 mg). May repeat every 5 to 10 minutes as needed.
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.	Infants: 0.05 mg IV slowly once, may repeat at 20-to-30-minute intervals as needed. Neonates (≤ 4 weeks): 0.01 mg/kg of body weight IV slowly once.
Auto-injector: Epipen (Epinephrine 0.3 mg) Epipen Jr (Epinephrine 0.15 mg)	> 66 lbs: 0.3 mg/dose IM or subcutaneous into the anterolateral aspect of the thigh.	33 to 66 lbs: 0.15 mg/dose IM or subcutaneous into the anterolateral aspect of the thigh. < 33 lbs: NOT RECOMMENDED
Auvi Q (Epinephrine 0.1 mg, 0.15 mg, 0.3 mg)	> 66 lbs: 0.3mg IM or subcutaneous into anterolateral aspect of the thigh, through clothing if necessary.	33 to 66 lbs: 0.15mg IM or subcutaneous into anterolateral aspect of the thigh, through clothing if necessary. 16.5 - 33 lbs: 0.1mg IM or subcutaneous into anterolateral aspect of the thigh, through clothing if necessary.
Glucose/Glucagon Injection** (emergency medication for low blood sugar) 1 mg (1 unit)	15 gm (3 to 4 tablets) by mouth, may repeat in 15 minutes if hypoglycemic symptoms do not resolve.	Children: 10 to 20 gm (0.3 gm/kg) by mouth, may repeat in 15 minutes if hypoglycemic symptoms do not resolve. Infants & Neonates (< 4 weeks): NOT RECOMMENDED. Parenteral route recommended (IV dextrose or IM glucagon).
	< 20 kg: 0.5 mg or 20 to 30 mcg/kg IM, IV or subcutaneous. > 20 kg: 1 mg IM, IV or subcutaneous. If the patient does not respond in 15 minutes, may give 1 to 2 more doses.	< 20 kg: 0.5 mg or 20 to 30 mcg/kg IM, IV or subcutaneous > 20 kg: 1 mg IM, IV or subcutaneous (If the patient does not respond in 15 minutes, may give 1 to 2 more doses).
Other:		
Naloxone* Injection solution injection (0.4 or 1 mg/mL)	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 PRN.	0.01 mg/kg IV, IM or subcutaneous, may repeat dose every 2 to 3 minutes as needed.
Auto-injector (2 mg in 0.4 ml)	2 mg IM or subcutaneous into the anterolateral aspect of the thigh, may repeat same dose after 2 to 3 minutes.	2 mg IM or subcutaneous into the anterolateral aspect of the thigh, may repeat same dose after 2 to 3 minutes.

Rx name	Adults	Pediatrics
Naloxone* (continued) Nasal spray (4 mg/actuation)	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.	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.
Nitroglycerin* SL tablets (0.3 mg or 0.4 mg)	0.3 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.	NOT RECOMMENDED FOR UNDER 18 YEARS OLD
Spray (0.4 mg)	Spray 0.4 mg (1 spray) sublingually every 5 minutes up to 3 doses.	NOT RECOMMENDED FOR UNDER 18 YEARS OLD
Oxygen delivery system – tank is at least 3/4 full if only one tank is available	6 to 8 L/minute May consider any oxygen delivery systems if appropriate.	Children: 1 to 4 L/minute Nasal prongs or nasal catheters preferred; can consider face mask, head box, or incubator for older children. Infants & Neonates (< 4 weeks): 1 to 2 L/minute Nasal prongs or nasal catheters preferred.
Optional emergen		Medi-Cal Managed Care providers
Ammonia inhalants	Crack open one (1) capsule	Same as adult
Lidocaine 1% HCL Inj. USP 10 mg/ml (50 ml MDK)	Use only the 10% solution for IM injection, 300 mg in deltoid or thigh muscle	Individualize
Methylprednisolone sodium succinate (Solu-Medrol) 125 mg/ml injection, USP 2 ml single dose vial	Initial dosage: 10 to 40 mg IV, IM	Initial dosage: 0.11 to 1.6 mg/kg/day in 3 to 4 divided doses IV, IM
Sodium chloride 0.9% Injection USP (1000 mL)	125 drops / minute	Depending on age: 1 to 4 years old: 40 drops/minute 5 to 10 years old: 60 drops/minute
Provider Name:	Signature:	Approval Date:
Revised date:	Revised Date:	Revised Date:

^{*} Only one emergency medication strength or route is required.

References:

https://www.pdr.net/drug-summary/Albuterol-Sulfate-Inhalation-Solution-0-083--albuterol-sulfate-1427

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^{**} This medication strength and route treats the widest age range of the population and meets the state requirement for this medication category. All medication strengths and routes must be considered to provide emergency treatment for the population served, as applicable.