



Adrenaline (Epinephrine) guidelines and options

Type	Dilution	Concentration	Route	Indications
Nebulised	5mg of 1:1000 concentration (1mg in 1ml)	1000 mcg per ml	NEB	<ul style="list-style-type: none"> Upper airway swelling and obstruction >6 months of age
1:1000 IMI DOSE 1 mg / 1000 mcg in 1 ml <ul style="list-style-type: none"> Ampule 	NA	1000 mcg per ml	IM	<ul style="list-style-type: none"> Adult 0.5 ml / 500 mcg, repeat 5 minutely as needed. Paediatrics 10 mcg/kg (0.01 ml/kg)
1:10000 ARREST DOSE 1mg / 1000mcgs in 10mls <ul style="list-style-type: none"> 10ml Vial 10 ml Minijet 	Add 9mls Saline to 1 ml of 1:1000 concentration. <ul style="list-style-type: none"> Unless 10ml vial or minijet available 	100 mcg per ml	IV	<ul style="list-style-type: none"> Adult 1 mg as per algorithm Paediatrics 10 mcg/kg (0.1 ml/kg) as per algorithm
1:100000 PRESSOR DOSE (Adult) For Paeds – refer to the CREDD or your state-based Ambulance APP	0.1 mg / 100 mcg in 10 mls <ul style="list-style-type: none"> Add 9mls Saline to 1 ml of 1:10000 (above) concentration 	10 mcg per ml	IV	<ul style="list-style-type: none"> Start with 20 – 50 mcg (2-5 ml) Titrated to physiological response. Consider repeating 1 minutely until IV infusion ready.
Infusion (Adult) For Paeds – refer to the CREDD or your state-based Ambulance APP	3mg in 50mls Normal Saline (Syringe Driver) OR 6mg in 100mls Normal Saline (IV Pump)	60 mcg per ml <ul style="list-style-type: none"> 1 ml / hr = 1 mcg per minute Commence at 5 - 10mls/hr at titrate accordingly 	IV	<ul style="list-style-type: none"> Shock / sepsis / anaphylaxis. Titrate to physiological response.