



**Preparation and Dosing of Push Dose Epinephrine -
Adult/Adolescent**

INDICATIONS / CONSIDERATIONS:

1. Suspected Septic Shock unresponsive to fluid resuscitation.
2. Distributive (spinal) Shock unresponsive to fluid resuscitation.
3. Cardiogenic Shock unresponsive to initial fluid challenge (250 mL normal saline) or presenting with evidence of pulmonary edema (pulmonary basilar rales).
 1. ROSC.
 2. Shock unresponsive to initial fluid bolus.
 3. Symptomatic bradycardia unresponsive to atropine and transcutaneous pacing.
 4. Deteriorating patient condition with unknown shock etiology.

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CONTRAINDICATIONS:

1. Hypovolemic Shock (hemorrhage or dehydration) prior to fluid resuscitation and volume replacement.
 2. Non-shock (perfusing) states
 3. Suspected stimulant drug intoxication
1. Hemorrhagic Shock.

PROCEDURE:

Recommended Preparation:

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- Obtain epinephrine 1 mg in 10 ml (0.1 mg / ml; cardiac epinephrine).
- Waste 9 ml from the syringe, leaving 1 ml (0.1 mg).
- Withdraw 9 ml of normal saline into syringe.
- Gently mix.
- Final concentration: 10 ml total volume at 10 mcg / ml.

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Administration:

- Administer 1 ml (10 mcg) IV / IO every 3 minutes.
- Titrate to maintain systolic blood pressure (SBP) > 90 mmHg

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Mixing instructions:

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- Take the epinephrine preparation of 1 mg in 10 mL (0.1 mg/mL cardiac epinephrine) and waste 9 mL of the epinephrine solution.
- Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
- Mixture now provides 10 mL of epinephrine at a 10 mcg/mL concentration.

Push Dose:

Approved:

Review Date: 05/26
Initial Release Date: 10/01/2026
Final Date for Implementation: 04/01/2027
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ORANGE COUNTY EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT PROCEDURES

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Original Date: 11/01/2016
Revised: 05/05/2026

• ~~1.0 mL (10 mcg) IV/IO, every 3 minutes, titrate to a SBP > 90.~~

~~NOTE: Base Hospital contact and order are no longer required.~~

Redline Draft

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