## ADENOSINE

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>Antidysrhythmic</th>
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<tbody>
<tr>
<td>TRADE NAME(S)</td>
<td>Adenocard</td>
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<tr>
<td>DESIRED EFFECTS</td>
<td>To convert SVT and stable, regular, monomorphic wide complex tachycardia to a sinus rhythm in patients refractory to common vagal maneuvers.</td>
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<td>MECHANISM OF ACTION</td>
<td>Adenosine is present naturally in all body cells. Adenosine slows conduction time through the AV node, can interrupt the reentry pathways through the AV and sinoatrial (SA) nodes, and can restore normal sinus rhythm in patients with paroxysmal supraventricular tachycardia (PSVT), including PSVT associated with Wolff-Parkinson-White syndrome.</td>
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<tr>
<td>INDICATIONS</td>
<td>- Conversion of tachycardias to sinus rhythm</td>
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| CONTRAINdications | - Second or Third degree AV Block  
- Sick Sinus Syndrome  
- Atrial Fibrillation  
- Atrial Flutter  
- Hypersensitivity to adenosine |
| ADVERSE REACTIONS | - Facial Flushing  
- Headache  
- Lightheadedness  
- Diaphoresis  
- Palpitations  
- Chest Pain  
- Hypotension  
- Shortness of Breath  
- Nausea  
- Metallic Taste |
| DRUG INTERACTIONS | - Caffeine and theophylline inhibit effects  
- Dipyridamole (Persantine) prolongs effects |
| PRECAUTIONS | - Use with caution in heart transplant patients. |
| SPECIAL CONSIDERATIONS | For rapid bolus IV, administer the drug into a large proximal vein and follow with rapid saline flush. |
| DOSING REGIMEN | - **Adult** - 6mg rapid IVP followed by 20ml saline flush  
12mg rapid IVP followed by 20ml saline flush if no response observed after 1-2 minutes.  
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- **Pediatric** - 0.1mg/kg rapid IVP followed by 10ml saline flush (max. dose 6mg)  
0.2mg/kg rapid IVP followed by 10ml flush if no response observed after 1-2 minutes (max. dose 12 mg) |
| PROTOCOL LOCATION | - Dysrhythmia Protocol – Tachycardia with pulse – Narrow complex and stable, regular, monomorphic wide complex |