**Class and Action:** Antidysrhythmic; Prolongs duration of action potentials and refractory periods. Non-competitive β-adrenoreceptor and calcium channel blockers.

**Indications:** Ventricular Fibrillation/Tachycardia refractory to defibrillation. Polymorphic V-tach

**Contraindications:** Hypersensitivity, pulmonary congestion, cardiogenic shock, hypotension, bradycardia

**Side Effects:** Hypotension, headache, vertigo, bradycardia, flushing, salivation, AV conduction abnormalities

**Drug Interactions:** May potentiate hypotension and bradycardia when use with β-adrenergic and calcium channel blockers. Increased chance of AV block as well with calcium channel blockers. May increase anticoagulation with Coumadin. Not compatible with Furosemide, Heparin, and Sodium Bicarb.

**Onset, Duration, and Routes:** Onset is within minutes of administration, and duration varies. IV or IO

**Adult Dose:**
- For cardiac arrest initial dose is 300 mg, a second dose can be given at 150 mg.
- For tachycardia give 150 mg over 10 min, a second dose of 150 mg can be given if condition does not change, again over 10 mins

**Pediatric Dose:**
- For cardiac arrest initial dose is 5 mg/kg with a max of 300 mg. A second dose can be given with a max again of 300 mg.
- For tachycardia - seek expert consultation - a single dose of 5 mg/kg can be give with a max of 300 mg

**WDM EMS Protocols:**
B1. Atrial Fibrillation/Flutter
B6. Medical - Cardiac Arrest
B9. Tachycardia
D5. Pediatric - Cardiac Arrest
D8. Pediatric - Tachycardia

**Special Considerations:** Mixed with a soap base so it may be foamy when shaken or drawn up.