Adrenaline and Fluid Bolus Administration in response to an emergency

Adrenaline 1:10,000
Intravenous/Intraosseous dosage 0.1 mL/kg = 10mcg/kg
For use in resuscitation – Must be ordered by Medical Officer

- 10ml luer lock syringe
- 1 x Blunt drawing up needle
- 1 x 3 way tap
- 2 x Drug labels
- Red caps
- Alcohol wipes

Procedure
- Draw up the entire 10mL ampoule of 1:10,000 Adrenaline into a 10mL luer lock syringe with a blunt needle. (Double check with another endorsed clinician and label clearly as per RCH drug labelling guidelines).
- Attach a 3 way tap to the 10mL syringe. (see Figure 1)
- Attach the appropriate sized syringe to the 3 way tap and draw up the required adrenaline dose (1mL, 3mL, 5mL or 10mL).
- If the dose is not required urgently, label syringe clearly, attach a red bung to the end and place in silver drug tray on Resuscitation trolley ready for use as required. (e.g. a 5kg patient would require 0.1mL/kg = 0.5mL adrenaline (10mcg/kg =50mcg adrenaline followed by 5mL flush 0.9% Sodium Chloride)
- Attach another syringe of appropriate size to the 10mL adrenaline syringe to have a second dose drawn up and ready to administer as needed.
- Document any administered adrenaline doses given on the resuscitation chart and MAR as ordered by the doctor and signed by 2 endorsed clinicians.

NB: if the above process is leading to any delay in immediate access to an adrenaline dose then an initial dose can be drawn from the vial and then the remainder of the vial drawn up as described above.

Figure 1. Drawing up Adrenaline
Resuscitation fluid bolus: 20mL/kg 0.9% Sodium Chloride
Fluid bolus must be ordered by a Medical Officer and checked by two Endorsed Clinicians

Figure 2. PATIENT <20kg
Equipment:
- 500mL bag 0.9% Sodium Chloride
- Green burette (Dosifix Macro dripper)
- 2 x 3 way taps
- 30mL syringe
- Alcohol swabs

Procedure:
Connect both 3-way-taps to patient end of the Dosifix Macro dripper set ensuring clamps are on.
Connect to patient access site using a non-touch technique.
Attach 30mL syringe to 3 way tap furthest away from patient end to administer fluid bolus to the patient.
The 3 way tap closest to the patient is left free to administer adrenaline or other medications as required.

Figure 3. PATIENT >20kg (Can use either Green burette or Tuta hand pump set)
Equipment:
- 500mL bag 0.9% Sodium Chloride
- Tuta hand pump set
- 2 x 3 way taps
- 30mL syringe
- Alcohol swabs

Procedure:
Connect both 3-way-taps to patient end of Tuta set and then connect to patient access site using a non-touch technique.
*Note: Tuta pump chamber must be inverted during priming to prevent air in line.
Attach 30mL syringe to 3 way tap furthest away from patient end to administer fluid bolus to the patient or use the Tuta hand set rapid infuser to manually squeeze the chamber to administer fluid bolus to the patient.
The 3 way tap closest to the patient is left free to administer adrenaline or other medications as required.

This document is intended as a quick guide. Please refer to Clinical Guideline: Drawing up and Administration of Adrenalin and Fluid bolus in Resuscitation