

# Emergency medications dosage chart

This document is a knowledge-sharing tool provided by the FSR team to improve compliance with DHCS Facility Site Review requirements. It is for informational purposes and may be used and/or modified according to site specific practices. All medications (required or optional) in the emergency kit shall be included in the dosage chart. Clinic management shall review and approve all contents in this document prior to adoption.

\*\*\* Please confirm all dosages with the manufacturer for all medications administered on site\*\*\*

Rx name	Adults	Pediatrics
<p><b>Albuterol sulfate*</b> Inhalation solution (1.25 mg/ 3 ml; 2.5 mg/ 3 ml; 5 mg/ ml)</p> <p>Inhalation aerosol metered dose (90 mcg/puff)</p>	<p>2.5 to 5 mg every 20 minutes for 3 doses, then 2.5 to 10 mg every 1 to 4 hours PRN or 10 to 15 mg per hour continuously.</p> <p>4 to 8 puffs every 20 minutes for up to 4 hours, then every 1 to 4 hours as needed.</p>	<p><b>Intermittent treatment with 0.5% nebulizer solution (5 mg/ ml):</b> Minimum dose 2.5 mg (0.5 ml) every 20 minutes for 3 doses then 0.15 to 0.30 mg/kg up to 20 mg continuously per hour as long as needed (maximum dose is 20 mg per hour).</p> <p><b>For acute asthma exacerbation and bronchospasm:</b> <b>Children ≤ 12 years old:</b> <b>Intermittent nebulized treatment with 0.5% nebulizer solution (5 mg/ ml):</b> 0.15 mg/kg (minimum dose of 2.5 mg) every 20 minutes for 3 doses, then 0.15 to 0.3 mg/kg up to 10 mg every 1 to 4 hours as needed.</p> <p><b>Children ≤ 12 years old:</b> 4 to 8 puffs every 20 minutes for 3 doses, then every 1 to 4 hours inhalation maneuver as needed. <b>Children &gt; 12 years old:</b> 4 to 8 puffs every 20 minutes for up to 4 hours, then every 1 to 4 hours as needed.</p>
<p><b>Aspirin*</b> Chewable tablet 81 mg (not enteric coated)</p> <p>Tablet 325 mg (not enteric coated)</p>	<p><b>For myocardial infarction (MI):</b> Chew 2 to 4 tablets upon presentation or within 48 hours of stroke.</p> <p>Chew ½ or 1 tablet upon presentation or within 48 hours of stroke.</p>	<p><b>For myocardial infarction (MI):</b> Chew 2 to 4 tablets (3 to 5 mg/kg) Maximum dose: 325 mg NOT RECOMMENDED for patients less than 18 years of age who are recovering from chickenpox or flu-like symptoms.</p> <p>Chew ½ or 1 tablet (3 to 5 mg/kg) Maximum dose: 325 mg NOT RECOMMENDED for patients less than 18 years of age who are recovering from chickenpox or flu-like symptoms.</p>
<p><b>Diphenhydramine HCL</b> Injection, USP (50 mg/ml)**</p>	<p>10 to 50 mg IM/IV every 4 to 6 hours as needed (Max: 400 mg/day). If IV route, infuse at a rate of ≤ 25 mg/min.</p>	<p><b>Children:</b> 1 to 2 mg/kg/dose IM/IV (not to exceed 50 mg), repeated every 4 to 8 hours as needed up to a maximum daily dose of 5 mg/kg per day or 200 mg per day. If IV route, infuse at a rate of ≤ 25 mg/min.</p> <p><b>Neonates (≤ 4 weeks)/premature infants:</b> NOT RECOMMENDED</p>

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<p><b>Diphenhydramine HCL</b> Injection, USP (50 mg/ml)** <b>(continued)</b></p> <p><b>Diphenhydramine HCL</b> (continued) Liquid (12.5 mg/5 ml)</p>	<p>25 to 50 mg every 4 to 6 hours; max 300 mg/day.</p>	<p><b>Adolescents:</b> 25 to 50 mg IM/IV, repeated every 4 to 6 hours as needed (not to exceed 400 mg/day). If IV route, infuse at a rate of ≤25 mg/min.</p> <p><b>Children:</b> Weight in pounds</p> <table border="1" data-bbox="938 394 1523 457"> <thead> <tr> <th>Lbs.</th> <th>20 to 24</th> <th>25 to 37</th> <th>38 to 49</th> <th>50 to 99</th> </tr> </thead> <tbody> <tr> <td>ml</td> <td>4</td> <td>5</td> <td>7.5</td> <td>10</td> </tr> </tbody> </table> <p>DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS. Do not use with any other medicine with diphenhydramine in it. <b>Under 2 years old: NOT RECOMMENDED</b></p>	Lbs.	20 to 24	25 to 37	38 to 49	50 to 99	ml	4	5	7.5	10										
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<p><b>Diphenhydramine HCL</b> (continued) Chewable Tablets (12.5 mg)</p> <p>Tablets (25 mg)</p>	<p>2 to 4 chewable tablets every 4 to 6 hours</p> <p>Take 25 to 50 mg every 4 to 6 hours by mouth</p>	<p><b>Children:</b> Weight in pounds</p> <table border="1" data-bbox="938 667 1523 730"> <thead> <tr> <th>Lbs.</th> <th>20 to 24</th> <th>25 to 37</th> <th>38 to 49</th> <th>50 to 99</th> </tr> </thead> <tbody> <tr> <td>tablet</td> <td>N/A</td> <td>1</td> <td>1 ½</td> <td>2</td> </tr> </tbody> </table> <p>DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS. Do not use with any other medicine with diphenhydramine in it. <b>Under 2 years old: NOT RECOMMENDED</b></p> <p><b>Children:</b> Weight in pounds</p> <table border="1" data-bbox="938 926 1523 989"> <thead> <tr> <th>Lbs.</th> <th>20 to 24</th> <th>25 to 37</th> <th>38 to 49</th> <th>50 to 99</th> </tr> </thead> <tbody> <tr> <td>tablet</td> <td>N/A</td> <td>1/2</td> <td>1/2</td> <td>1</td> </tr> </tbody> </table> <p>DO NOT GIVE MORE THAN 4 DOSES IN 24 HOURS. Do not use with any other medicine with diphenhydramine in it. <b>Under 2 years old: NOT RECOMMENDED</b></p>	Lbs.	20 to 24	25 to 37	38 to 49	50 to 99	tablet	N/A	1	1 ½	2	Lbs.	20 to 24	25 to 37	38 to 49	50 to 99	tablet	N/A	1/2	1/2	1
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<p><b>Epinephrine / Adrenaline</b> Injection, 1:1,000 (1 mg/ml)**</p> <p>Injection, 1:10,000 (0.1 mg/ml)</p> <p>Auto-injector: <b>Epipen</b> (Epinephrine 0.3 mg) <b>Epipen Jr</b> (Epinephrine 0.15 mg) <b>Auvi Q</b> (Epinephrine 0.1 mg, 0.15 mg, 0.3 mg)</p>	<p>0.3 to 0.5 mg IM or subcutaneously, may repeat every 5 to 10 minutes as needed.</p> <p>0.1 to 0.25 mg IV (1 to 2.5 ml of 1:10,000 solution) injected slowly once.</p> <p>≥ 25 kg: 0.3 mg IM into the mid-outer thigh.</p>	<p>0.01 mg/kg IM every 5 to 15 minutes for up to 3 injections if patient is not responding (up to maximum dose of 0.3 mg in a prepubertal child and up to 0.5 mg in a teenager).</p> <p><b>Newborn infants:</b> 0.01 to 0.03 mg/kg IV <b>Older infants and children:</b> 0.01 mg/kg IV (maximum 1 mg), repeated every 3 to 5 minutes.</p> <p><b>7.5 to 13 kg:</b> 0.1 mg IM into the mid-outer thigh. <b>13 to 25 kg:</b> 0.15 mg IM into the mid-outer thigh. <b>≥ 25 kg:</b> 0.3 mg IM into the mid-outer thigh.</p>																				
<p><b>Glucagon/glucose</b> injection** (emergency medication for low blood sugar) 1 mg / ml</p> <p>Tablet</p>	<p>1 mg IM, IV or subcutaneous. May repeat dose if the patient does not respond in 15 minutes.</p>	<p>0.03 mg/kg IV, IM or subcutaneous (maximum dose of 1 mg); may repeat every 15 minutes up to 3 doses.</p>																				

Rx name	Adults	Pediatrics
<b>Glucagon/glucose</b> Tablet (continued)	15 gm (3 to 4 tablets) by mouth, may repeat in 15 minutes if hypoglycemic symptoms do not resolve.	<b>Children:</b> 10 to 20 gm (0.3 gm/kg) by mouth, may repeat in 15 minutes if hypoglycemic symptoms do not resolve. <b>Infants and neonates (≤ 4 weeks):</b> NOT RECOMMENDED. Parenteral route recommended (IV dextrose or IM glucagon).
<b>Naloxone*</b> injection (0.4 mg/mL)  Auto-injector (0.4 mg / 0.4 ml; 2 mg / 0.4 ml)  <b>Naloxone*</b> Nasal spray (2, 4 mg/actuation)	0.4 mg to 2 mg IV, IM, or subcutaneous up to a total dose of 10 mg, may repeat every 2 to 3 minutes PRN.  2 mg IM or subcutaneous into the anterolateral aspect of the thigh, may repeat same dose every 2 to 3 minutes PRN.  Spray a single dose 2 or 4 mg into 1 nostril. If desired response is not achieved after 2 to 3 minutes, give a second dose intranasally into alternate nostril.	0.001 to 0.02 mg/kg IV, IM or subcutaneous up to full reversal dose of 0.1 mg/kg, may repeat dose every 2 minutes to a cumulative dose of 10 mg.  Administer as a single dose IM or subcutaneous into the anterolateral aspect of the thigh, may repeat every 2 to 3 minutes if needed until emergency medical assistance becomes available.  Administer a single dose into 1 nostril. May repeat every 2 to 3 minutes in alternating nostrils if needed until medical assistance becomes available.
<b>Nitroglycerin*</b> SL tablets (0.3 mg or 0.4 mg)  Translingual spray (0.4 mg per metered spray)	0.3 to 0.4 mg sublingually or in buccal pouch at onset, may repeat in 5 minutes: maximum of 3 doses in 15 minutes. Prophylaxis: 5 to 10 minutes before activity.  Spray 0.4 mg (1 spray) onto or under the tongue every 5 minutes for maximum of 3 doses in 15 minutes.	NOT RECOMMENDED FOR UNDER 18 YEARS OLD  NOT RECOMMENDED FOR UNDER 18 YEARS OLD
<b>Oxygen delivery system:</b> Tank is at least 3/4 full if only one tank is available.	6 to 8 L/minute May consider any oxygen delivery systems if appropriate.	<b>Children:</b> 1 to 4 L/minute Nasal prongs or nasal catheters preferred; can consider face mask, head box, or incubator for older children. <b>Infants &amp; Neonates (≤ 4 weeks):</b> 1 to 2 L/minute. Nasal prongs or nasal catheters preferred.
<b>Optional emergency medications — not required for Medi-Cal providers</b>		
<b>Ammonia</b> inhalants	Crack open one (1) capsule.	Same as adult.
<b>Lidocaine injection</b> (5 mg/ml 0.5%; 10 mg/ml 1%; 20 mg/ml 2%.	50 to 100 mg IV (not to exceed 300 mg administered during a 1-hour period).	<b>For shock:</b> 1 mg/kg loading bolus IV (repeat bolus if infusion initiated > 15 minutes after initial bolus) followed by 20 to 50 mcg/kg per minute continuous infusion. <b>Maximum IV loading dose:</b> 3 mg/kg or 300 mg administered over a 1-hour period.

Rx name	Adults	Pediatrics
<b>Methylprednisolone (as sodium succinate; injection:</b> 40, 125 mg). <b>Methylprednisolone (as sodium succinate; injection:</b> 40, 125 mg) (continued)	<b>Initial dosage:</b> 10 to 40 mg IV, IM. <b>High dose therapy:</b> 30 mg/kg administered intravenously over at least 30 minutes. May repeat dose every 4 to 6 hours for 48 hours.	<b>Load:</b> 1 to 2 mg/kg IV, IM (maximum dose of 125 mg). <b>Maintenance:</b> 0.5 mg/kg every 6 hours or 1 mg/kg every 12 hours up to 120 mg per day.
<b>Sodium chloride 0.9%</b> (250, 500, 1000 mL)	For hypovolemic shock, dehydration): 1,000 ml IV bolus. Repeat dose and/or titrate as needed.	<b>For hypovolemic shock:</b> 20 ml/kg IV push or administered over 20 minutes, may repeat 3 times. <b>Newborn Infants:</b> 10 ml/kg IV push.
Other:		
Other:		

\* Only one emergency medication strength or route is required.

\*\* This medication's strength and route treat the widest age range of the population and meet the state requirement for this medication category. All medication strengths and routes must be considered to provide emergency treatment for the population served, as applicable.

#### References:

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[AAP Publications: Volume 145, Issue 1: Drugs Used to Treat Pediatric Emergencies January 2020 - Tables 1-8](https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/091526lbl.pdf)  
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