MEG Demo (Staff App) - MEG Demo - MEG Staff app: Adenosine

ADENOSINE

Indications for Use

Antiarrythmic agent used to terminate supraventricular tachycardia (SVT). Slows conduction through the AV node.

Dose

Neonate to 6 months (by intravenous injection):

- **Initial dose 150 microgram/kg** by rapid IV injection (into a central or large peripheral vein) followed by IV flush with 2 to 5 ml of NaCl 0.9%.
- **Wait 1 minute** and if unsuccessful, administer a second **250 microgram/kg** dose and **wait 1 minute** . Always follow each dose with NaCl 0.9% flush.
- If unsuccessful, give a **300 microgram/kg** dose.
- Stop at any point on the dosing scale if tachycardia is terminated.
- Estimated serum half-life is 10 seconds.
- If SVT persists after the administration of 300 microgram/kg, contact cardiology.
- Other IV antiarrhythmic drugs should only be given following consultation.
- Consider 400 microgram/kg of adenosine or synchronised DCCV.

Presentation

Adenocor 6mg adenosine in 2ml vial.

Preparation

For doses < 600 micrograms (0.2 ml), take 1 ml (3,000 micrograms) of injection and dilute with 9 ml of NaCl 0.9%. This gives a solution with a concentration of 300 micrograms/ml. Withdraw the required dose, use immediately and follow with 2 to 5ml flush with NaCl 0.9%. Solution should be clear at the time of use.

Doses for larger babies can be measured and administered without dilution.

Administration

Inject into a central or large peripheral vein by rapid IV push over 2 seconds. Follow with a rapid IV flush of NaCl 0.9%

Monitoring

Blood pressure and ECG monitoring required.

Side Effects

Dyspnoea, recurrence of SVT (in approximately 30% of treated patients), transient facial flush, arrhythmia, chest pain, choking sensation, hypotension.

Incompatibilities

Blood products, parenteral nutrition.

Notes

Caffeine is a strong inhibitor of adenosine and should not be prescribed simultaneously.

Storage of reconstituted product

Discard injection immediately after use.

Do not refrigerate as crystallization can occur.

Reviewed by David Fitzgerald and Montse Corderroura. March 2021.