<table>
<thead>
<tr>
<th><strong>DRUG NAME - GENERIC</strong></th>
<th>Adenosine</th>
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<tbody>
<tr>
<td><strong>DRUG NAME - TRADE</strong></td>
<td>Adenocard</td>
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<tr>
<td><strong>DRUG CLASSIFICATION</strong></td>
<td>Antiarrhythmic</td>
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<tr>
<td><strong>DOSAGE FORMS</strong></td>
<td>6 mg/2 mL, Injectable, Preload</td>
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<td><strong>ACTION(S)</strong></td>
<td>- Slows conduction through AV node and interrupts AV reentry pathways to restore normal sinus rhythm</td>
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<td><strong>INDICATIONS</strong></td>
<td>- For Stable Patients: Treatment of regular, narrow complex supraventricular tachycardia (SVT)</td>
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| **CONTRAINDICATIONS**   | - Known or documented hypersensitivity  
- Sick sinus syndrome  
- 2nd or 3rd degree AV block  
- Poison or drug-induced tachycardia  
- Atrial fibrillation/flutter  
- Ventricular tachycardia  
- Wolff-Parkinson-White (WPW) syndrome  
- Use with caution in asthma and COPD |
| **ADULT DOSE / ROUTE**  | - Antecubital IV access  
- Initial dose: 6 mg rapid IV (over 1-2 seconds) followed immediately by 10 mL rapid saline flush and extremity elevation  
- If first dose does not terminate dysrhythmia in 1-2 minutes, give 12 mg rapid IV followed by 10 mL rapid saline flush and extremity elevation |
| **PEDIATRIC DOSE / ROUTE** | - Antecubital IV access, if possible  
- Initial dose of 0.1 mg/kg rapid IV/IO over 1-2 seconds followed immediately by 2-5 mL rapid saline flush and extremity elevation  
- Max initial dose 6 mg  
- If first dose does not terminate SVT in 1-2 minutes, give 0.2 mg/kg rapid IV/IO followed immediately by 2-5 mL rapid saline flush and extremity elevation. Max repeat dose 12 mg |
| **SIDE EFFECTS**        | - Common reactions are generally mild and short-lived: sense of impending doom, flushing, chest pressure, throat tightness, numbness  
- Patients may have a brief episode of one or more transient dysrhythmias, which may include asystole  
- Adenosine is a respiratory stimulant; can exacerbate asthma and COPD |