

Emergency Drugs — Quick Cheat Sheet (Adult)

Common emergency indications, usual adult IV/IM doses & immediate notes — for rapid ward/ER use

Drug	Indication	Usual adult dose (IV/IM)	Quick notes
Adrenaline (Epinephrine)	Cardiac arrest	1 mg IV every 3–5 min	Anaphylaxis: 0.5 mg IM (1:1000) repeat q5 min; for infusion use 1 mg in 1 L saline titrated
Atropine	Symptomatic bradycardia	500 mcg IV bolus, repeat q3-5 min up to 3 mg	If ineffective consider pacing; not for Mobitz II/complete heart block alone
Amlodarone	VF/VT arrest	300 mg IV bolus; second dose 150 mg IV	For stable VT: 150 mg over 10 min; monitor BP & QT
Adenosine	Regular narrow-complex SVT	6 mg rapid IV bolus → if no response 12 mg	Give via a large-bore IV with saline flush; contraindicated in AF with accessory pathway
Naloxone	Opioid overdose	0.4–2 mg IV/IM, repeat as needed	Titrate to restore respiration; may precipitate acute withdrawal
Dextrose 50%	Hypoglycaemia (adult)	25 g IV (50 mL of 50% solution)	Give thiamine 100 mg IV first if malnourished or alcoholic
Glucagon	Beta-blocker / calcium-channel blocker OD, hypoglycaemia	For hypoglycaemia 1 mg IM/IV; for beta-blocker OD 3–10 mg IV bolus then infusion	Variable response in beta-blocker OD; use in consultation with toxicology
Calcium gluconate	Hyperkalaemia with ECG changes	10 mL of 10% solution (contains 0.93 g calcium gluconate) IV over 2–5 min	Stabilises myocardium; does not lower K+. Repeat as needed
Insulin + Dextrose	Hyperkalaemia shifting therapy	Insulin 10 units IV + 25 g dextrose (50 mL D50)	Onset 10–20 min; monitor glucose; follow with K+ removal (diuretics/dialysis)
Salbutamol (nebulised)	Hyperkalaemia / bronchospasm	10–20 mg nebulised for K+ shift; 5–10 mg nebulised for severe bronchospasm	Use with oxygen; variable K-shift effect
Magnesium sulphate	Torsades de pointes / severe asthma	Torsades: 2 g IV bolus over 2–15 min; Asthma: 2 g IV over 20 min	Check renal function; monitor for hypotension
Midazolam / Lorazepam	Status epilepticus	IV lorazepam 4 mg (may repeat once); or midazolam 5–10 mg IM/IV	If seizures persist, load with phenytoin/levetiracetam per local protocol
Amoxicillin / Piperacillin-tazobactam	Severe sepsis empiric (example)	Per local guideline; piperacillin-tazobactam e.g., 4.5 g IV	Always take cultures before antibiotics if possible; tailor to local antibiogram
Tranexamic acid (TXA)	Major haemorrhage	1 g IV over 10 min, then 1 g over 8 hrs (if indicated)	Give early in trauma/PPH per local massive haemorrhage protocol
Aspirin (chewable)	Suspected ACS (unless contraindicated)	300 mg oral (chewable) immediately	Give with other antiplatelet/cath lab pathway per protocol