

## Adrenaline MEDICATION STANDING ORDER

### Medication Details

Name:	Adrenaline 1:10,000 (1mg/mL)	Class / Actions:	Adrenergic agonist (sympathomimetic amine)
Route:	IV	Dose/Dose Calc:	Adults: 1mg Children: 10 micrograms/kg (0.1 mL/kg)
Frequency:	In the event of cardiac arrest per advanced life support (ALS) algorithm.	Duration:	For shockable pathway (Ventricular Fibrillation/Pulseless Ventricular Tachycardia) after 2 <sup>nd</sup> DC shock.  For Non –shockable pathway (Pulseless Electrical Activity/Asystole) immediately.
Max. daily dose:	Administered per ALS algorithm until Medical response available.		

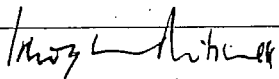
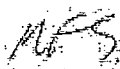
### Indications / Criteria for use

Indication for use:	Cardiac Arrest
Patient Population:	Adult and Paediatric patients experiencing confirmed cardiac arrest.
Exclusions:	Nil
Ward / Unit:	Canberra Hospital Campus.
Authorised staff:	Advanced Life Support trained Registered Nurses and Registered Midwives.

### Clinical Information

Contraindications:	No absolute contraindications
Precautions:	Nil for cardiac arrest
Adverse Reactions:	Anxiety, fear, headache, palpitations, tachycardia, restlessness, tremor, dizziness, sweating, pallor, hyperglycaemia, increased blood pressure.
Monitoring / Obs:	All patients: constant cardiac monitoring. If return of circulation 5 minutely observations of Respiratory rate, Oxygen saturations, Heart rate, Blood pressure and Level of Consciousness.
Referral Criteria:	Concurrent Urgent Medical review should be activated by local Critical Care response or Medical Emergency Team Activation.

### Approval Details

Approval No:	CHHS17/070		
Clinical Sponsor:	Professor Imogen Mitchell	Signature:	
Approval Date:	01/05/2017	Review Date:	30/04/2019
DTC Chair:	Dr Richard Singer	Signature:	

## Guidance for Medication Standing Orders

### About Standing Orders

- Medication standing orders are a generic written instruction to administer a particular named medication (at a specified dose and frequency) to a defined group of patients under certain conditions.
- They may only be exercised by authorised CHHS staff, when the stated conditions are met.
- Medication standing orders preclude the need for an individual prescription to be written and signed by the treating doctor. They are intended for exceptional circumstances and not routine introduction.

### Legal Issues

- Medication standing orders must be approved by the CHHS Drugs and Therapeutics Committee, bear the signature of the chair and have an approval number.
- A midwife/nurse registered in the ACT or an approved extended scope health practitioner may administer medications as per the instructions of a legal standing order. A standing order may restrict this authority to a specific, qualified, competent or validated group as stated in the order.
- Recording must be observed as for any prescription or drug therapy.

### Obligations of Staff

- **Initiating a medication standing order:**

On the appropriate section of the CHHS medication chart you must record:

- full name, signature & position of the person initiating the order
- that the order is a standing order
- the medication (approved generic name), route/form, dose/dose calculation, frequency (if applicable)
- the standing order approval number
- the expiration/duration of this specific order

- **Administering a medication dose from a standing order:**

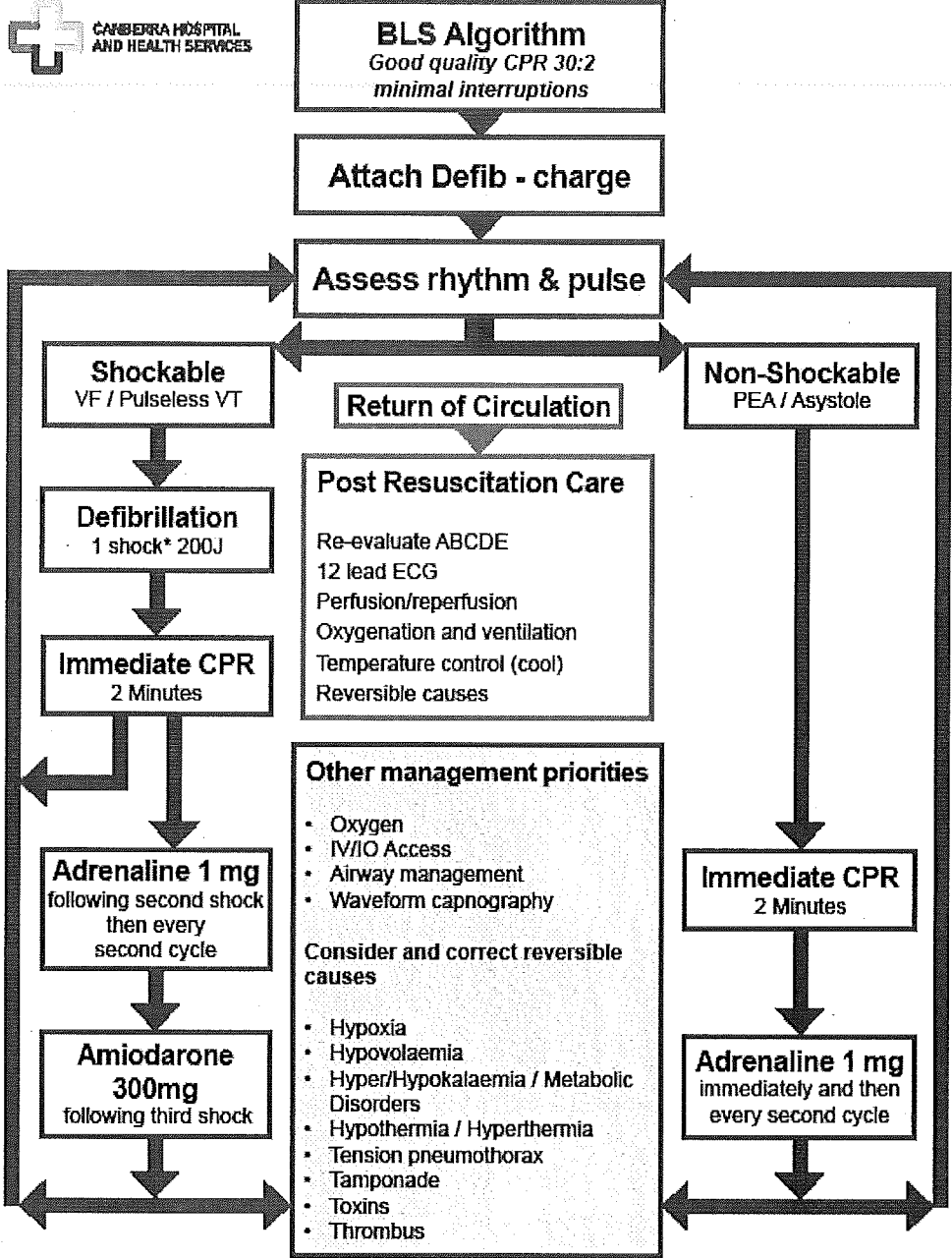
Next to the appropriate sections of the initiated order you must record -

- day and time of administration of the medication
- signature of the person/s administering the medicine

ONCE ONLY, PRE-MEDICATION, TELEPHONE ORDERS & NURSE INITIATED MEDICATIONS									
Date Prescribed	Medication (Print Generic Name)	Route	Dose	Date/ Time of dose	Prescriber/Nurse Initiator (NI)		Given	Time	Pharmacy
					Signature	Print Name			
8/10/12	Panadine Forte (standing order - 707411200X)	PO	ii	8/10/12 14:25	Athene RN	Anne Nurse	Only	14:25	Not Valid Standing Orders

- A copy of the standing order should be kept with the medication chart while in use
- Report all Adverse Drug Reactions, patient harm or near miss incidents via the usual Riskman processes.
- Questions or clarification regarding the standing order should be directed to the clinical sponsor.
- Feedback may be forwarded to the CHHS Drug and Therapeutics Committee c/o the Pharmacy Department.

# Adult Cardiorespiratory Arrest



Note:  
\* For witnessed arrest, when using an immediately available manual defibrillator, give up to 3 stacked shocks at first defibrillation attempt. If further shocks are required these should be single shocks.