ADULT

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CODE BLUE#:

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EXAMPLE PREMEDICATION REGIMENS

Methylprednisolone 32 mg PO 12, 2 hrs prior
+/- Benadryl 50 mg PO 1 hr prior.

OR

Prednisone 50 mg PO 13, 7, 1 hours prior
+/- Benadryl 50 mg PO 1 hr prior.

OR

Hydrocortisone 200 mg IV 5 hrs and 1 hr prior and Benadryl 50 mg IV 1 hr prior. (urgent, NPO only, ER, inpatient)

CONTRAST EXTRAVASATION

Elevate arm (heart level), apply cool compress, remove rings. Observe. Consider surgical consultation for decreased perfusion, sensation, strength, active range of motion or increasing pain.

HYPOTENSION WITH TACHYCARDIA (ANAPHYLAXIS)

1. Preserve IV access, monitor vitals q 15m
2. O_2 6–10 L/min by face mask
3. Elevate legs > 60°
4. IVF 0.9% NS wide open
5. Epinephrine 0.3 mL of 1 mg/mL IM (or auto-injector) OR Epinephrine 1 mL of 1mg/10mL (0.1mg/mL) IV with slow flush or IV fluids
6. **Call 911** or **CODE BLUE**

HYPOTENSION WITH BRADYCARDIA

1. Preserve IV access; monitor vitals
2. O_2 6–10 L/min by face mask
3. Elevate legs > 60°
4. IVF 0.9% NS wide open
5. Atropine 0.6–1.0 mg IV if refractory
6. **Consider calling 911** or **CODE BLUE**

Document reaction and monitor for return of symptoms post-treatment

HIVES/DIFFUSE ERYTHEMA

1. Observation; monitor vitals q 15 min. Preserve IV access.
2. If associated with hypotension or respiratory distress then consider

   Anaphylaxis:

   - O_2 6–10 L/min by face mask
   - IVF 0.9% NS wide open; elevate legs > 60°
   - Epinephrine 0.3 mL of 1mg/mL IM (or auto-injector OR Epinephrine 1 mL of 1mg/10mL (0.1 mg/mL) IV with slow flush or IV fluids
   - **Call 911** or **CODE BLUE**
3. If ***ONLY*** skin findings, but severe or progressive, may consider Benadryl 50 mg PO, IM, or IV but may cause or worsen hypotension.

LARYNGEAL EDEMA (INSPIRATORY STRIDOR)

1. Preserve IV access; monitor vitals
2. O_2 6–10 L/ min by face mask
3. Epinephrine 0.3 mL of 1mg/mL IM (or auto-injector) OR Epinephrine 1 mL of 1mg/10mL (0.1 mg/mL) IV with slow flush or IV fluids
4. **Call 911** or **CODE BLUE**

BRONCHOSPASM (EXPIRATORY WHEEZE)

1. Preserve IV access; monitor vitals
2. O_2 6–10 L/min by face mask
3. Beta-2 agonist inhaler 2 puffs; repeat x 3
4. If not responding or severe, then use Epinephrine 0.3 mL of 1mg/ mL IM (or auto-injector) OR Epinephrine 1 mL of 1mg/10mL (0.1 mg/mL) IV with slow flush or IV fluids
5. **Call 911** or **CODE BLUE**

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