

**EpiPen 2-Pak 0.3mg/0.3mL  
(contains 2 Adult pens)**

**Inject one pen into front outside of thigh. Ok to repeat if needed after 3-5 minutes.**

**Call 911 Call 911 Call 911.**

Used for anaphylaxis: severe, rapid onset (less than 1 hour) allergic reaction, swollen throat, tongue, or lip or if patient has difficulty breathing - allergic reaction - or if patient has difficulty breathing with slow onset allergic reaction. Note that the EpiPen is expensive at \$120 for the 2 pens if you see children you must also carry the EpiPen Jr 2-pak 0.15mg/0.3mL.

**Epi 1:1000 ampule 1mL  
(contains 1mg epinephrine)**

**Inject into front outside of thigh. 0.2mL to 0.5mL  
repeat every 5 minutes or more often.**

**(USE 0.1mL for kids each injection to max of 3  
injections).**

Used for anaphylaxis: severe, rapid onset (less than 1 hour) allergic reaction, swollen throat, tongue, or lip or if patient has difficulty breathing - allergic reaction - or if patient has difficulty breathing with slow onset allergic reaction

**Call 911 Call 911 Call 911**

**Other Notes or Questions to Ask:**

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**Benadryl Injectable 50mg/mL vial**

**Inject 1mL (for kids aged 1-7 use 0.5mL) IM in upper arm.** Used for moderate, slow onset (takes one hour or more) allergic reaction: Itching throat, swollen tongue, or lip.

*Be ready for anaphylaxis if breathing difficulty starts.*

*Observe for 1 hour to ensure recovery*

*Terminate appointment*

*Refer to MD for oral antihistamine or steroids for 3 days*

**One bottle of nitroglycerine spray**

**Pump to prime (you should see a mist come out) then spray 1-2 doses into the floor of mouth.**

**May repeat every 5 minutes up to 3 times.**

**Call 911 if chest pain does not resolve.**

Used for angina. Prime the pump and check to be sure no Viagra or Levitra within the last 24 hours (48 hours for Cialis) before giving the nitro.

**Other Notes or Questions to Ask:**

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**A bottle of Aspirin (325mg tabs)**

**In the case of angina or a heart attack the patient is to chew one tablet while the staff calls 911.**

**A can of non-diet soda**

**Have patient drink 5 oz per minute until can is empty.**

**Hypoglycemia in a diabetic patient** is best treated with this. The carbonation gets it through the stomach faster than any uncarbonated source of sugar. It is absorbed from the small intestine.

*This requires a CONSCIOUS and oriented patient.*

**Do not forget a source of portable, positive-pressure oxygen and a bag-valve-mask (BVM) with different size masks for different patients.**

**Other Notes or Questions to Ask:**

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## **One Albuterol inhaler**

**Shake dispenser, have patient exhale, spray as they inhale.**

**May repeat every 30 seconds.**

**Call 911 if no relief after 1 minute.**

Used for asthma, bronchial spasm.

## **2 vials Naloxone 0.4 mg/mL (1 mL)**

**Give 0.4-2 mg I.V., I.M. or SubQ; may need to repeat doses every 2-3 minutes; after reversal, may need to readminister dose(s) at a later interval (i.e., 20-60 minutes) depending on type/duration of opioid. If no response is observed after 10 mg total, consider other causes of respiratory depression.**

## **2 vials Flumazenil 0.1mg/mL**

**Give 1-2mL in floor of mouth off midline adjacent to bicuspid/cuspid area. Observe effect for 5 minutes. Repeat if needed.**

*Patient must be kept in office for 2 hours to see if they resedate.*

Used to reverse BZDs including Triazolam, Midazolam, Diazepam, Alprazolam, Lorazepam and at least one non-BZD, Zaleplon.