### Indication
- Symptomatic Bradycardia
- Cardiogenic Shock

### Contraindications
- Patients ≤ 14 years of age
- Systolic BP > 90mmHg

### Procedure

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step One:</strong></td>
<td>Collect materials needed: Epinephrine preload 1:10,000, Three-way Stopcock Valve, 10mL Normal Saline flush</td>
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<tr>
<td><strong>Step Two:</strong></td>
<td>Assemble Epinephrine 1:10,000 preload and discard 1 mL of Normal Saline from the flush</td>
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<td><strong>Step Three:</strong></td>
<td>Using the three-way stopcock valve, attach the Epinephrine 1:10,000 preload to 9mL syringe of Normal Saline</td>
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</table>
**PROCEDURE**

- **Step Four:** Using the 9mL Normal Saline syringe, draw back 1 mL of Epinephrine to make the Push-Dose Epinephrine mixture.

- **Step Five:** Detach the Push-Dose Epinephrine syringe and shake the mixture. There should be a concentration of 10mcg/mL. One syringe contains 10 total doses.

- **Step Six:** Label the syringe to prevent any confusion.

**KEY CONCEPTS**

- Push-Dose Epinephrine doses are small with extremely dilute concentration, use caution to ensure the medication is mixed correctly.
- 1 syringe of correctly mixed Push-Dose Epinephrine contains 10 doses.
- Push-Dose Epinephrine is a temporizing vasopressor that has a rapid onset around 1 minute.
- Epinephrine has a very short half-life of < 5 minutes.