Sodium Bicarbonate – 20.260

CLASS: A

PROTOCOL(S) USED IN: Cardiac Arrest VF/VT, Cardiac Arrest - Asystole, Cardiac Arrest - PEA, Overdose and Poisoning, Crush Injury, Hyperkalemia, Calcium Chloride, Hydroxocobalamin

PHARMACOLOGY AND ACTIONS:

A. An alkalotic solution which neutralizes acids found in the blood.
B. Acidosis depresses cardiac contractility, and the cardiac response to catecholamine and makes the heart more likely to fibrillate.

INDICATIONS:

A. Tricyclic antidepressant overdose/Sodium channel blockade effect (Cocaine).
B. Suspected hyperkalemia (renal failure patients).
C. Crush Syndrome

CONTRAINDICATIONS:

None

PRECAUTIONS:

A. CANNOT BE ADMINISTERED WITH CALCIUM CHLORIDE unless *thoroughly flushing IV Line.*
B. **Do not administer in the same IV as Ondansetron or Calcium Chloride without thoroughly flushing line first.**

SIDE EFFECTS AND NOTES:

A. Extremely important to *flush the IV line* between administration of sodium bicarbonate and calcium chloride to avoid precipitation.
B. May increase cerebral acidosis, especially in diabetics who are ketotic.
C. Metabolic alkalosis which is impossible to reverse.
D. Sodium Bicarbonate is not recommended for the routine cardiac arrest sequence but should be used early in cardiac arrest of known cyclic antidepressant overdose or in patients with hyperkalemia.

ADULT DOSING:

Cardiac Arrest from suspected Hyperkalemia or Tricyclic OD:
50 mEq IV/IO. May repeat once.

Hyperkalemia
50 mEq IVIO may repeat once.

Sodium Channel blockers and Tricyclic Antidepressant Overdose
1 mEq/kg IV/IO

PEDIATRIC DOSING:

Cardiac Arrest, Tricyclic Antidepressant OD, Hyperkalemia.
1 mEq/kg IV/IO

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