

Be Aware of Code Med Updates for Adults and Kids

Hospitals will be revising their advanced cardiovascular life support protocols... due to updated American Heart Association guidelines.

Not much has changed. But be aware of med updates for adults and kids as your hospital reassesses procedures and code tray inventories.

Endotracheal (ET) administration. Keep in mind that ET atropine, epinephrine, lidocaine, and naloxone are NOT advised anymore for adults. This route is problematic due to low and unpredictable blood levels.

On the other hand, the updated pediatric guidelines say that IV and intraosseous (IO) routes are preferred, but the ET route is still an option. This is because IV and IO placement can be trickier in kids.

If IV access isn't available in adults, advocate moving to the IO route over ET. In kids, select the fastest route you have. And remember that any IV med...even central line strengths...can be given IO.

Don't jump to removing epinephrine 1 mg/mL from your code trays based on this change. It's still needed for intramuscular use to treat anaphylaxis...or to make stat bedside epinephrine drips.

Hyperkalemia. Clarify changes to recommendations for using IV calcium during cardiac arrest caused by high potassium levels.

We know it's common to give IV calcium chloride or gluconate ASAP in hyperkalemia to prevent progression to arrhythmias.

But now AHA says there's no good data for using calcium DURING hyperkalemic arrest...after arrhythmias already started.

In these cases, consider interventions that have stronger evidence first...good compressions, shocks, epinephrine...before using calcium.

Reassure that giving calcium should still be prioritized for STABLE hyperkalemic patients. Similarly, expect to still see calcium in code trays for other emergencies...calcium channel blocker overdoses, etc.

Pediatric amiodarone. Know that max dosing has changed for weight-based amiodarone for pulseless ventricular tachycardia and ventricular fibrillation cardiac arrest.

Before, kids could get 5 mg/kg/dose (max 300 mg/dose) up to 3 times. Now kids get up to 300 mg as the first dose, similar to adults...and then up to 3 MORE doses at a max of 150 mg each.

Consider limiting your amiodarone quantities to five 150 mg vials in pediatric code trays to ensure kids don't get too much.

Keep in mind that lidocaine is still an alternative to amiodarone in kids and adults. Compare dosing and evidence for both meds using our *Emergency Resuscitation: Focus on Antiarrhythmics* chart.

Key References:

- Wigginton JG, Agarwal S, Bartos JA, et al. Part 9: Adult Advanced Life Support: 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2025 Oct 21;152(16_suppl_2):S538-S577.
- Cao D, Arens AM, Chow SL, et al. Part 10: Adult and Pediatric Special Circumstances of Resuscitation: 2025 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2025 Oct 21;152(16_suppl_2):S578-S672.

Cite this document as follows: Article, Be Aware of Code Med Updates for Adults and Kids, Hospital Pharmacist's Letter, December 2025

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2025 Therapeutic Research Center (TRC). TRC and Hospital Pharmacist's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.

-Lasa JJ, Dhillon GS, Duff JP, et al. Part 8: Pediatric Advanced Life Support: 2025 American Heart Association and American Academy of Pediatrics Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation. 2025 Oct 21;152(16_suppl_2):S479-S537.

Hospital Pharmacist's Letter. December 2025, No. 411225

Cite this document as follows: Article, Be Aware of Code Med Updates for Adults and Kids, Hospital Pharmacist's Letter, December 2025

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email sales@trchealthcare.com.

© 2025 Therapeutic Research Center (TRC). TRC and Hospital Pharmacist's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved.