

**Table 2. Drug Interactions**

Drug	Route	Starting Dose	Dose Range	Action	Side Effects	Caution
<b>Adenosine</b>	IV Push	6-12 mg, (may repeat in 1-2 minutes)	6-18 mg	Slows AV nodal conduction	Flushing, headache, dyspnea, chest pressure	MI, cerebral hemorrhage
<b>Diltiazem</b>	IV	IV: 0.25 mg/kg IV bolus over 2 min; may repeat in 15 min at 0.35 mg/kg; begin infusion of 5-15 mg/hour	Typically start with 20 mg IV followed by 10 mg/hr and titrate dose to heart rate and blood pressure	Slows sinus node and AV nodal conduction; Calcium channel blocker	Gingival hyperplasia, bradycardia, AV block, ECG abnormalities, peripheral edema, dizziness, headache	SSS, AV block, hypotension, AMI, pulmonary congestion/CHF
<b>Metoprolol tartrate</b>	IV	5 mg	Typically 5 mg every 5 min depending on the response. 15 mg is generally the <i>max</i> dosage.	Beta adrenergic receptor blocker; Slows sinus node and AV nodal function	Drowsiness, insomnia, hypotension, Raynaud's, bradycardia, bronchospasm	Bronchospasm, interaction with other anti-arrhythmic drugs; bradycardia; hypotension
<b>Verapamil</b>	IV	2.5-10 mg initially over 2 minutes and monitor blood pressure and	Repeat 5-10 mg in 15-30 min PRN (20 mg MAX); Peds<1yr: 0.1-0.2 mg/kg IV	Slows sinus node and AV nodal conduction; more potent than diltiazem;	Gingival hyperplasia, constipation, lowers blood pressure,	Severe hypotension, bradycardia, especially if other

heart rate	over 2 min (may repeat in 30 min); 1-16 yr: 0.1-0.3 mg/kg IV over 2 min (may repeat in 30 min); 5 mg <i>max</i>	second choice after adenosine; calcium channel blocker	bronchospasm, slows heart rate and can exacerbate conduction disturbances	antiarrhythmic drugs have been previously given
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