Calcium channel blockers are used to manage hypertension, certain rate-related arrhythmias, prevent cerebral vasospasm and angina pectoris.

### SYMPTOMS:

- a. Bradycardia
- b. Hypotension
- c. Decreased AV Nodal conduction
- d. Cardiogenic shock
- e. Hyperglycemia

### ASSESSMENT and TREATMENT

### ALL LEVELS

- 1. Assess ABCDs and, if indicated, expose and then cover to assure retention of body heat.
- 2. Obtain and monitor vital signs, including temperature.
- 3. Provide early airway protection; patients may have rapid mental status deterioration.
- 4. Obtain pertinent cardiovascular history or other prescribed medications for underlying disease.
- 5. Identify specific medication taken noting immediate release vs. sustained release, time of ingestion and quantity.
- 6. Repeat assessment frequently as these patients often have rapid deterioration with profound hypotension.

## EMR-O; EMT-R

- 7. Check blood glucose level.
- 8. Monitor SpO<sub>2</sub>.

## EMT-O

- 9. Acquire ETCO<sub>2</sub>.
- 10. Consider administration of activated charcoal without sorbitol.

## AEMT-R

11. Consider IV fluid bolus normal saline 20ml/kg up to 2 liters.

AEMT-O

12. Consider IV fluid bolus lactated Ringer's 20ml/kg up to 2 liters if normal saline not administered.

### INT-R

- 13. Acquire/interpret ETCO<sub>2</sub>.
- 14. Consider atropine sulfate [Adult;1mg IV/IO every 1 to 5 minutes (max does of 3mg)];

[Pediatric: 0.03mg/kg IV/IO q 5 minutes (maximum dose of 3mg) for symptomatic bradycardia.

# INT-O

- 15. Monitor ETCO<sub>2</sub> for respiratory decompensation.
- 16. If seizure, consider midazolam [Adult: 4mg IV/IO/IN; 10mg IM] [Pediatric: 0.1mg/kg IV/IO/IN; 0.25mg/kg IM] (benzodiazepine of choice).

### PARA-R

- 17. Consider calcium gluconate [Adult: 3grams IV/IO push over 2 minutes; Pediatric: 60mg/kg, maximum dose 3grams IV/IO.]
- 18. Consider vasopressors after adequate fluid resuscitation for the hypotensive patient if atropine and calcium have failed in the symptomatic bradycardia patient.

Examples of calcium channel blockers:

- Amiodipine (Norvasc)
- Diltiazem (Cardizem, Tiazac)
- Felopine
- Isradipine
- Nicardipine
- Nifedipine (Adalat CC. Afeditab CR, Procardia)
- Nisoldipine (Sular)
- Verapamil (Calan, Verelan)