PICUDRUGS.COM

Our Objective

The aim is to develop resources for low resource countries so that the care of critically ill children can be optimised. In this endeavour the first step is to provide a way to standardise drug concentrations and also emergency protocols.

INTRODUCTION

When you have a sick child arriving onto the unit for the first time many things need to be done simultaneously to stabilise the child. If the time to make up the appropriate drugs can be minimised this is an important step forward.

PICUDRUGS.COM can be downloaded onto any mac or windows platform. Then, by just using the child’s estimated weight it is possible to print all the relevant drugs that you might use in the acute scenario.

JOIN US IN OUR MISSION

Due to the fact that we cannot afford any errors with the software we have deliberately not made this an open source resource.

If you have the expertise and skills in Pediatric critical care and wish to join us to develop resources that can be provided to clinicians across the world then why not join us!

We are looking for expertise in Pediatric’s, Pediatric Critical Care. If you are a physician, nurse, pharmacist or dietician and can provide time to help develop the online resources and protocols, we are keen to hear from you.

We are looking to translate the software into other languages so that the tool can be used across the world.

DOWNLOAD

This is a beta version of the software. On downloading and using the software you agree to assess the software. We do not take responsibility for the use of the software as we are providing this as a free resource.

You can download the resource below according to the platform

FAQ

As we develop the platform we will post FAQ’s relating to issues faced by the end user.

Kindly do give us feedback so that we can improve on each version going forward.

*Question: How are the weights worked out?*

It is the responsibility of the end-user to insert the correct weight. Weights are estimated by the user of the software. The only mandatory field in the software package is the weight itself.

*Question: Why enter all patient details into the software prior to printing?*

If there is time, we urge users to enter the patient details into the package itself, this ensures there is no confusion when the software is printed out.

*Question: Which protocols do you follow to make the calculations for the software?*

We have used multiple resources, but utilise what is the standard for drug dosing in the international literature. PALS, APLS and EPLS are used to develop the protocols for resuscitation. Though we can consider offering differing versions for differing institutions. Our default resource is PALS (American Heart Association)

*Question: why are the versions time-limited?*

We envisage providing a number of up-dates during the year. As user’s provide more feedback we will be looking to improve on the software itself.

*Question: what is the basis guideline for the DKA calculator?*

Calculations are based on international standards related to fluid balance.

TEAM PARTNERS

Dr Asrar Rashid

Dr Asrar Rashid is a Pediatric Intensivist who trained in the UK, Australia and the USA. Working firstly as an attending in Pediatric Critical Care in the UK for over a decade, he has helped to establish Pediatric Critical Care as a speciality in Dubai.

Working in the UAE has allowed Dr Asrar to understand the needs of the local environment and it is this understanding that has led to his next mission.

Dr Sarah Ehtisham

Dr Sarah is a Pediatric Endocrinologist based at Mediclinic Dubai.

She has helped to develop the DKA portion of this calculator. This allows a standardised approach and minimises the likelihood of errors. We will be looking to provide actual guidelines and protocols with Dr Sarah’s help. The DKA program allows the inclusion of fluid losses, fluid bolus amount and the percentage of dehydration.