

# All Need High Flow (100%) OXYGEN

## 7.5 Kg

BLACK

### ACUTE AIRWAY OBSTRUCTION

Senior help needed (Anaesthetics/A&E)

Calm Environment.

Close Observation.

ADRENALINE(1:1000) (Neb):**3ml**

may repeat every 10 minutes

BUDESONIDE (Neb):**2mg**

### SEPTICAEMIA

Including ? Meningococcal Sepsis,  
Significant volume expansion may be required,  
(Blood cultures, Bone, CRP, Coag, PCR,  
Glucose, Blood Gas)

May need ventilation & Inotropes,

**CEFOTAXIME(IV/IO):375mg**

### ANALGESIA

**MORPHINE(IV/IO):0.75 mg**

### WHEEZE

**SALBUTAMOL (Neb):2.5mg**

**IPRATROPIUM (Neb):125mcg**

**PREDNISOLONE (Oral):15mg**

**HYDROCORTISONE (IV/IO):30mg**

**AMINOPHYLLINE(IV/IO):38mg**

(over 20 minutes as a loading dose)

**SALBUTAMOL (IV/IO):37.5mcg**

over 10 mins loading dose

**MAGNESIUM (IV/IO):300mg**

over 20 minutes

May need ventilation,

If life threatening contact Anaesthetist

### HYPOGLYCAEMIA

**10% DEXTROSE(IV/IO):15ml**

Followed by an infusion of 0.9% Saline 5% Dextrose  
at maintenance volume; adjust dextrose content if  
required.

### FITS/CONVULSIONS

Check Blood Sugar & Temperature

IV/IO access: **LORAZEPAM(4mg/ml):0.75mg**

Or **DIAZEPAM (PR):3.75mg**

Or **BUCCAL MIDAZOLAM:3.75mg**

Repeat after 10 minutes if no improvement

**PHENYTOIN (IV/IO):150mg** over 20 minutes

Consider **PARALDEHYDE (PR) 3ml** mixed with  
3ml olive oil

**Call for anaesthetic help if still fitting when  
phenytoin is commenced**

### ANAPHYLAXIS

**ADRENALINE(1:1000)(IM):0.075 ml**

consider repeat in 5 min.

using auto injector syringe use **150mcgs**

**HYDROCORTISONE(IV/IO):25mg**

**CHLORPHENIRAMINE(IV/IO):2.5mg**

(mix with 10 ml 0.9% saline,give over 1 min.)

IV Adrenaline 1microgram/Kg may be considered  
but **must** be discussed with Senior/Anaesthetics

### Senior/ Specialist Supervision Required:

**Raised Intracranial Pressure:**

20% Mannitol (IV/IO):**19ml** over 30 mins

Or Hypertonic Saline 2.7% (IV/IO):**22.5ml**

**Tricyclic overdose with ECG changes:**

8.4% Sodium Bicarbonate (IV/IO):**7.5ml**

**SVT rate >220** Following vagal manoeuvres:

Adenosine (3mg/ml) (IV/IO):**0.75mg** then **1.5mg** then  
**2.25mg**

**VT with pulse: Amiodarone 37.5mg** over 20mins.

**Consider cardioversion if unstable: 8J, 8J, 16J**

### WARM FLUID CHALLENGE

**150 ml**

(consider repeat dose)

Give in **75ml** aliquots in TRAUMA/CARDIAC

**Head:  
Neutral**

Unresponsive  
Not breathing or only  
occasional gasps

Call resuscitation team  
(1 min CPR first, if alone)

### CPR

(5 initial breaths then 15:2)  
Attach defibrillator/monitor  
Minimise interruptions

Assess rhythm

Shockable  
(VF/Pulseless VT)

**1 Shock  
30 J**

Immediately resume  
CPR for 2 min  
Minimise interruptions

IV/IO access,  
intubate

**Adrenaline  
0.75 ml (1:10,000)  
alternate cycles**

Non-shockable  
(PEA/Asystole)

Immediately resume  
CPR for 2 min  
Minimise interruptions

# 7.5 Kg

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## CPR

### Minimise interruptions

**If pulse absent  
or < 60/min (with poor  
circulation)**

**Depth: at least  $\frac{1}{3}$  rd  
chest**

**Rate: 100 -120/min  
1 finger breadth above  
xiphisternum**



### **ET tube size:**

**Uncuffed 4.0 ( $\pm 0.5$ mm)**

**Cuffed 3.5 ( $\pm 0.5$ mm)**

**Monitor ETCO<sub>2</sub>**

**When To Stop.** The outcome for a child with no signs of life after 30 minutes of non-shockable resuscitation is likely to be very poor. Discontinuation may be justified except in poisoning & extreme hypothermia

**Consider Amiodarone (300mg/10ml): 1.2 ml (after 3<sup>rd</sup> and 5<sup>th</sup> shock)**

**Consider Bicarb (8.4% ): 7.5 ml**

**Consider Fluid challenge: 150 ml**

### CORRECT REVERSIBLE CAUSES:

Hypoxia, Hypovolaemia, Hyper/hypokalaemia /metabolic, Hypothermia, Tension pneumothorax, Tamponade, Toxins, Thromboembolism

# Other Useful Drugs and Information

## INFUSIONS:

### **Dopamine\*:**

To make standard solution: 15mg/kg in 50ml 5% dextrose

Concentration: 1ml/hr = 5 micrograms/kg/min

Dose Range: 5 – 20 micrograms/kg/min

### **Dobutamine\*:**

To make standard solution: 15mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 5 micrograms/kg/min

Dose Range: 5 – 20 micrograms/kg/min

### **Adrenaline:**

To make standard solution: 0.3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 0.1 micrograms/kg/min

Dose Range: 0.1 - 4 micrograms/kg/min

### **Noradrenaline:**

To make standard solution: 0.3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 0.1 micrograms/kg/min

Dose Range: 0.1 - 4 micrograms/kg/min

### **Morphine\*:**

To make standard solution: 1mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 20 micrograms/kg/hr

Dose Range: 10 - 40 micrograms/kg/hr

### **Midazolam\*:**

To make standard solution: 3mg/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 1 micrograms/kg/min

Dose Range: 1 - 4 micrograms/kg/min

\*To be doubled for infants less than 10kg.

Use 0.9% Saline rather than 5% Dextrose to mix infusions in head injury / meningitis / encephalitis / seizure.

## Other Useful Drugs and Information (continued):

### **Alprostadil (Prostaglandin E2):**

To make standard solution: 30micrograms/kg in 50ml 5% dextrose

Concentration: 1 ml/hr = 10 nanograms/kg/min

Dose Range: 5 - 20 nanograms/kg/min

### **Amiodarone:**

Initial loading dose 5mg/kg over 20 minutes followed by infusion.

To make standard solution: 15mg/kg in 50ml 5% Dextrose

Concentration: 1ml/hr = 5micrograms/kg/min

Dose Range: 5 – 15 micrograms/kg/min/hour

### **Aminophylline:**

Initial loading dose of 5mg/kg (maximum 500mg) over at least 20 minutes followed by infusion.

To make standard solution: 1mg/ml solution in 5% Dextrose

Concentration: 1ml/kg/hr = 1mg/kg/hr

Dose Range: 0.5 – 1mg/kg/hr

### **Insulin for DKA:**

0.05-0.1units/kg/hour

<http://www.bsped.org.uk/clinical/docs/DKAcalculator.pdf>

**Calcium** (for hyperkalaemia, hypocalcaemia and calcium channel blocker overdose):

0.3ml/kg of 10% Calcium Gluconate (i.e. 0.1mmol/kg Ca) to maximum of 4.5mmol (20ml) over 30 minutes **OR**

0.1mls/kg of 10% Calcium Chloride to a maximum of 4.5mmol (6.5mls) over 30 minutes.

**Atropine** (stat dose after vagal stimulation induced bradycardia):

20 micrograms/kg iv (minimum 100mcg to maximum 600mcg)

Birth – 1 month 15 micrograms/kg iv

## **GLASGOW COMA SCALE**

### **SUITABLE FOR UNDER 4 YEARS**

**Best = 15, Worst = 3**

<b>RESPONSE</b>	<b>SCORE</b>
<b><i>EYE OPENING</i></b>	
Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1
<b><i>BEST MOTOR RESPONSE</i></b>	
Spontaneous or obeys verbal command	6
Localises to pain or withdraws to touch	5
Withdraws to pain	4
Abdominal flexion to pain (decorticate)	3
Abnormal extension to pain (decerebrate)	2
No response to pain	1
<b><i>BEST VERBAL RESPONSE</i></b>	
Alert, babbles, coos, words to usual ability	5
Less than usual words/ spontaneous irritable cry	4
Cries only to pain	3
Moans to pain	2
No response to pain	1

## **GLASGOW COMA SCALE**

SUITABLE FOR **4 YEARS AND OVER**

**Best = 15, Worst = 3**

RESPONSE	SCORE
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### ***EYE OPENING***

Spontaneously	4
To verbal stimuli	3
To pain	2
No response to pain	1

### ***BEST MOTOR RESPONSE***

Obeys verbal command	6
Localises to pain	5
Withdraws from pain	4
Abnormal flexion to pain (decorticate)	3
Abnormal extension to pain (decerebrate)	2
No response to pain	1

### ***BEST VERBAL RESPONSE***

Orientated and converses	5
Disorientated and converses	4
Inappropriate words	3
Incomprehensible sounds	2
No response to pain	1

### Normal fluid requirements

Body weight	Fluid req / day (ml/kg)	Fluid req /hour (ml/kg)
First 10 kg	100	4
Second 10 kg	50	2
Subsequent kilograms	20	1

## Normal Paediatric Ranges

Age (Years)	Heart Rate / min	Respiratory Rate / min	Systolic BP (mmHg)
<1	110 – 160	30 – 40	80 – 90
1 – 2	100 – 150	25 – 35	85 – 95
2 – 5	95 – 140	25 – 30	85 – 100
5 – 12	80 – 120	20 – 25	90 – 110
>12	60 - 100	15 - 20	100 - 120